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In 1994, Congress directed the Office of Educational Research and Improvement, U.S. Department of Education, to establish panels to evaluate educational programs and recommend to the Secretary of Education those programs that should be designated as exemplary or promising. The purpose of these panels was and is to provide practitioners, policymakers, and parents with solid information on the quality and effectiveness of programs and materials so they can make better-informed decisions in their efforts to improve the quality of student learning. Seven criteria were developed for judging program efficacy and quality. A total of 124 programs were reviewed under a two-stage review process established by the Safe, Disciplined, and Drug-Free Schools Expert Panel. This publication provides descriptions of the 9 exemplary and 33 promising programs selected by the Expert Panel in 2001. Contact information is also provided. The sections "Program Description" and "Professional Development Resources and Program Costs" were prepared based on information provided by the developers at the time they submitted their programs for consideration. The remaining sections "Program Quality" and "Evidence of Efficacy" are based on the assessments of the reviewers and panelists. (RT)



U.S. DEPARTMENT OF EDUCATION

SAFE, DISCIPLINED, AND DRUG-FREE SCHOOLS EXPERT PANEL

Exemplary & Promising SAFE, DISCIPLINED, AND DRUG-FREE SCHOOLS

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Exemplary and Promising
**Safe, Disciplined,
and Drug-Free
Schools Programs**

2001

**U.S. Department of Education
Safe, Disciplined, and Drug-Free Schools Expert Panel**

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INTRODUCTION

In 1994, Congress directed the Office of Educational Research and Improvement (OERI), U.S. Department of Education, to establish “panels of appropriate qualified experts and practitioners” to evaluate educational programs and recommend to the Secretary of Education those programs that should be designated as *exemplary* or *promising*. Under the Education, Research, Development, Dissemination, and Improvement Act of 1994, each panel, in making this recommendation, was directed to consider 1) whether based on empirical data a program was effective and should be designated as exemplary or 2) whether there was sufficient evidence to demonstrate that the program showed promise for improving student achievement and should be designated as promising. The purpose of these panels was and still is to provide teachers, administrators, policymakers, and parents with solid information on the quality and effectiveness of programs and materials so that they can make better-informed decisions in their efforts to improve the quality of student learning. The OERI regulations implementing the statute leave to the judgment of the expert panels a determination of the nature and weight of evidence necessary to designate a program either promising or exemplary.

The Safe and Drug-Free Schools (SDFS) program and OERI established the Safe, Disciplined, and Drug-Free Schools Expert Panel in May 1998. (This panel was one of five established by the Department; the others were in the fields of math, science, gender equity, and educational technology.) The 15-member Expert Panel for Safe, Disciplined, and Drug-Free Schools was composed of educators, researchers, evaluators, program developers, and representatives from local and state education agencies, businesses, institutions of higher education, and medical and legal communities. Its task was to develop and oversee a process for identifying and designating as promising and exemplary programs that promote safe, disciplined, and drug-free schools. The Expert Panel initiative was a way of enhancing prevention programming by making schools and communities aware of programs that have proved their effectiveness when judged against rigorous criteria. The activity was also in keeping with the “Principles of Effectiveness” governing recipients’ use of funds received under the Safe and Drug-Free Schools and Communities Act, State Grants Program.

THE REVIEW PROCESS

The panel initially met to set up a process for making determinations and to establish the criteria under which programs would be reviewed. The panel drew heavily on the considerable research on “what works” in prevention programming in combating both substance use and violence among youth. The panel developed seven criteria, under the four “criteria categories” provided in the regulations, for judging the efficacy and quality of programs that would be submitted for their review and consideration. These seven criteria follow this Introduction.

The Expert Panel had an open and widely publicized submission process that encouraged applications from any program sponsor who believed that his or her program might meet the review criteria. A total of 124 programs were reviewed under a two-stage field review process established by the panel. In the first stage, 19 individuals with special expertise in research and evaluation, as well as in safe, disciplined, and drug-free schools programming, formed a pool of Criterion 1 field reviewers. They were selected by the U.S. Department of Education (the Department) from a list of individuals nominated by state SDFS coordinators, program staff, and Expert Panel members. These Criterion 1 reviewers met and were trained in the review procedures and became familiar with the criterion—evidence of efficacy—they were to use for reviewing programs. During this first-stage field review, each of the 124 programs was scored for evidence of efficacy by two Criterion 1 field reviewers.

Programs with high scores on the evidence of efficacy criterion (Criterion 1) were then considered by two second-stage field reviewers. In the second-stage field review, a pool of 40 individuals different from those used in the first-stage field review was selected by the Department to serve as Criteria 2 to 7 field reviewers. These individuals were nominated by state SDFS coordinators and program staff for their expertise in safe, disciplined, and drug-free schools programming. These Criteria 2 to 7 field reviewers met and were trained in the procedures and criteria they were to use when reviewing programs. They reviewed submissions on the criteria categories of quality of program, educational significance, and usefulness to others.

The Expert Panel met and considered field reviewer ratings and comments from both stages of the process for all programs reviewed. The panel identified 33 programs it wished to designate as promising and nine programs it wished to designate as exemplary.

Each of the nine potentially exemplary programs was subsequently sent to a separate Impact Review Panel for further review by at least two of its members according to procedures established by the Department. The Impact Review Panel comprised a group of national experts in evaluation/research design and analysis and was established by the Department to review the strength of evidence of program effects for all five of the Department's Expert Panels. The Expert Panel then considered comments and scores from the Impact Review Panel on the nine potentially exemplary programs and made a final determination about the programs to recommend to the Department as exemplary.

This publication provides descriptions of the 9 exemplary and 33 promising programs selected by the Expert Panel in 2001. Contact information for each program is also provided. In the program summaries that follow, the sections "Program Description" and "Professional Development Resources and Program Costs" were prepared based on information provided by the developers at the time they submitted their programs for consideration. At the request of the Department, developers checked each program description for accuracy and added updated information regarding costs as relevant. The remaining sections—"Program Quality" and "Evidence of Efficacy"—are based on the assessments of the reviewers and panelists.

EVALUATION CRITERIA

The following criteria and indicators were used to evaluate the Safe, Disciplined, and Drug-Free Schools programs submitted to the Expert Panel in 1999.

A. EVIDENCE OF EFFICACY

Criterion 1 *The program reports relevant evidence of efficacy/effectiveness based on a methodologically sound evaluation.*

Condition a. The program evaluation indicates a measurable difference in outcomes that is based on statistical significance testing or a credible indicator of magnitude of effect. Relevant outcomes are factors related to making schools safe, disciplined, and drug-free: a reduction in substance use, violence, and other conduct problems and positive changes in scientifically established risk and protective factors for these problems.

Condition b. The program evaluation used a design and analysis that adequately controls for threats to internal validity, including attrition.

NOTE: Some evaluation designs do not meet the criteria for Exemplary or Promising status. Such designs include the following: 1) pre-post designs without comparison groups; 2) one-time, post-test only, comparison studies without randomization or other efforts to control threats to internal validity; and 3) case studies without comparisons.

Condition c. The program evaluation used reliable and valid outcome measures.

NOTE: Some evaluation measures do not meet the criteria for Exemplary or Promising status. Such measures of program effects include the following: 1) judgments based on clinical experience; and 2) authoritative evidence such as reports by expert committees and testimonials.

Condition d. The program evaluation used analyses appropriate to the data.

B. QUALITY OF PROGRAM

Criterion 2 *The program's goals with respect to changing behavior and/or risk and protective factors are clear and appropriate for the intended population and setting.*
(Goals)

Condition a. The program's goals are explicit and clearly stated.

Condition b. The program's goals are appropriate to the intended population and setting.

Criterion 3 *The rationale underlying the program is clearly stated, and the program's content and processes are aligned with its goals.*
(Rationale)

Condition a. The rationale (e.g., logic model, theory) underlying the program is clearly stated and includes appropriate documentation (e.g., literature reviews and previous research).

Condition b. The program's content and processes are aligned with its goals.

Criterion 4 *The program's content takes into consideration the characteristics of the intended population and setting (e.g., developmental stage, motivational status, language, disabilities, culture) and the needs implied by these characteristics.*
(Content
Appropriate-
ness)

NOTE: Content appropriateness will be determined on the basis of the application narrative and the program materials submitted.

Criterion 5 *The program implementation process effectively engages the intended population.*
(Implementa-
tion Methods)

Condition a. The program provides a relevant rationale to participants for its implementation.

Condition b. The program actively engages the intended population.

Condition c. The program attends to participants' prior knowledge, attitudes, and commonly held conceptions.

Condition d. The program implementation methods promote participants' collaboration, discourse, and reflection.

Where applicable:

Condition e. The methods foster the use and application of skills.

Condition f. The program promotes multiple approaches to learning.

C. EDUCATIONAL SIGNIFICANCE

Criterion 6 *The application describes how the program is integrated into schools' educational missions.*

D. USEFULNESS TO OTHERS

Criterion 7 *The program provides necessary information and guidance for replication in other appropriate settings.*
(Replic-
ability)

Condition a. The program clearly outlines the essential conditions required to replicate it with fidelity in other settings (e.g., strategies, resources, implementation plans, and materials).

Condition b. The program includes guidelines and materials for training and supporting those who are to replicate it.

Exemplary Programs at a Glance

EXEMPLARY PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Athletes Training and Learning to Avoid Steroids (ATLAS)</i>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 9–12	<ul style="list-style-type: none"> • 10 sessions • 45 minutes per session • Total 9 classroom hours plus 100 hours team contact 	<ul style="list-style-type: none"> • \$149.95 for manual & 10 Athlete Packs • \$39.95 for set of 10 Athlete Packs, which include a curriculum workbook, sport menu nutrition booklet, and training guide • Training for teachers and coaches additional
<i>CASASTART</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 8–13	<ul style="list-style-type: none"> • Case management structure, ongoing, neighborhood-based 	<ul style="list-style-type: none"> • For cost of CASASTART manual guide (under development) contact program, 212-841-5208 • \$4.25 for <i>CASASTART Mission and History: A Program of National Center on Addiction and Substance Abuse</i>
<i>Life Skills Training</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–9	<ul style="list-style-type: none"> • 15 sessions year 1 • 10 booster sessions year 2 • 5 booster sessions year 3 • 45 minutes per session 	<ul style="list-style-type: none"> • \$625 for middle school set (teacher manual and 30 student guides) • \$275 for grades 6–7 • \$225 for grades 7–8 • \$175 for grades 8–9 • 2-day training for up to 20 participants
<i>OSLC Treatment Foster Care</i>	Treatment Program	Adolescents	<ul style="list-style-type: none"> • Ongoing case management structure • Average stay: 7 months 	<ul style="list-style-type: none"> • \$27,755 for 7 months per student
<i>Project ALERT</i>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> • 11 sessions for grade 6 or 7 • 3 booster sessions 1 year later 	<ul style="list-style-type: none"> • \$125 for training per teacher, including teacher's manual, videos, posters, and handouts
<i>Project Northland</i>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> • 6 sessions in 6 weeks (6th grade) • 8 sessions in 8 weeks or 4 weeks (7th grade) • 8 sessions in 4 weeks (8th grade) • approximately 45 minutes per session 	<ul style="list-style-type: none"> • \$245 per grade for materials for 30 students and teacher's guide • \$755 for materials for all 3 grades and community component • \$1,750 on 1st day for training up to 30 teachers • \$1,500 for each additional day (3-day training) • National training events
<i>Project T.N.T.: Towards No Tobacco Use</i>	Tobacco Abuse Prevention	Grades 5–8	<ul style="list-style-type: none"> • 10 sessions in 2–4 weeks • 45 minutes per session • 2 booster sessions 1 year later 	<ul style="list-style-type: none"> • \$45 for teacher's manual and student workbook • \$18.95 for set of 5 workbooks • 2-day training is additional • 3-day train the trainer is additional • Videos are optional
<i>Second Step: A Violence Prevention Curriculum</i>	Violence Prevention and Building Social Competencies	Pre-K–Grade 9	<ul style="list-style-type: none"> • 20 sessions in 10–20 weeks per grade level • 20–50 minutes per session 	<ul style="list-style-type: none"> • \$259 for pre-K kit • \$269 for grades 1–3 kit • \$249 for grades 4–5 kit • \$545 for middle/jr. high kit (all 3 levels) • \$475 for Family Guide kit • \$379 for Second Step train the trainer workshop
<i>The Strengthening Families Program: For Parents and Youth 10–14</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 5–9	<ul style="list-style-type: none"> • 7 sessions • 2 hours per session • 4 booster sessions 6–12 months later 	<ul style="list-style-type: none"> • \$175 for a leader's manual (sessions 1–7) • \$250 for a set of 9 videos • \$50 for a booster session leader manual • \$60 for booster videos (2) • \$2,500 for 2-day training • \$3,500 for 3-day training • Costs average \$10 per family for other supplies; booster sessions additional

*Current costs need to be verified with the program.

Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
Aggression Replacement Training	Violence Prevention and Building Social Competencies	Grades K–12	<ul style="list-style-type: none"> • 30 sessions in 10 weeks • 3 sessions a week • 1 hour per session 	<ul style="list-style-type: none"> • \$24 for Aggression Replacement Training book • \$5,000 plus expenses for 2-day workshop training for unlimited number of participants • \$7,000 for train the trainer
Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence	Violence Prevention and Building Social Competencies	Grades 6–9	<ul style="list-style-type: none"> • 12 sessions, each session no more than 1 week apart • 45-minute sessions 	<ul style="list-style-type: none"> • \$59.95 for materials, includes lesson plans, reproducible student handouts, and transparencies • Training
AI's Pals: Kids Making Healthy Choices	Violence Prevention and Building Social Competencies	Ages 3–8	<ul style="list-style-type: none"> • 46 sessions • 2 sessions per week for 23 weeks • 15–20 minutes per session 	<ul style="list-style-type: none"> • \$1,095 per classroom (teacher and assistant) Includes 2-day training and curriculum kit (46-lesson manual, puppets, audiotapes or CDs, parent letters, songbooks, pads, and puppet house) • \$845 per classroom with one teacher • Training is delivered on-site for up to 30 participants
All Stars (Core Program)	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grade 6 or 7	<ul style="list-style-type: none"> • 13 regular sessions in one semester • 45 minutes per session • One-on-one meetings with students 2 or 3 times • 2 small-group meetings led by peer leaders • 8 booster sessions the following year and 1 one-on-one booster session 	<ul style="list-style-type: none"> • \$165 for core program guide • \$175 for consumable materials for 25 students, (includes \$20 Wal-Mart gift certificate) • \$35 for booster program guide • \$250 for 2-day training per participant or \$3,000 for up to 20 participants
Caring School Community Program (formerly the Child Development Project)	Violence Prevention and Building Social Competencies	Elementary grades	<ul style="list-style-type: none"> • Intensive, whole-school staff development 	<ul style="list-style-type: none"> • \$1,500 to \$2,000 for materials per school • \$4,000 for 2-day institute for entire faculty • \$6,000 for 3-day train the trainer for 2 to 5 school teams (3–5 on a team)
Community of Caring	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–12	<ul style="list-style-type: none"> • Ongoing student forums • Service learning projects • Family involvement activities • 14-session curriculum on abstinence-based sexuality for secondary grades 	<ul style="list-style-type: none"> • \$6,250–\$8,250 per year per high school of 1,000 students. Includes training of 15 to 20 faculty and staff • \$4,000–\$5,500 for 500 elementary school students • \$7,500 for 2-day training for up to 100 participants. Includes all materials (program guide, teacher's guide, etc.)
Creating Lasting Family Connections	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 11–17	<ul style="list-style-type: none"> • 3 parent training modules. Each module has 5 or 6 sessions in 5–6 weeks • 2.5 hours per session • 3 youth training modules. Each module is 5 or 6 sessions in 5–6 weeks • 1.5–2 hours per session 	<ul style="list-style-type: none"> • \$1,224 for curriculum kit includes manuals, youth notebooks, and parent notebooks • \$750 for 5-day training per participant • \$1,500 for 10-day training per participant • On-site training
Facing History and Ourselves	Violence Prevention and Building Social Competencies	Grades 7–12	<ul style="list-style-type: none"> • One semester-long unit in a social studies, English, art, history, or interdisciplinary course 	<ul style="list-style-type: none"> • \$15 for classroom resource books for 10 or more • Other resources available on loan • \$150 for 1- to 2-day training • \$575 for weeklong institute • \$600 for local in-service plus expenses per day and \$15 per participant for materials

*Current costs need to be verified with the program.

Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Growing Healthy</i>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–6	<ul style="list-style-type: none"> • 43–51 sessions per grade • 2 or 3 sessions a week • 45 minutes per session 	<ul style="list-style-type: none"> • \$174.95 for curriculum guides per grade • \$850 to \$2,650 for materials depending on grade level. Materials may include videos, anatomical models, books, games, and hands-on items. • \$120 for a grade-level CD-ROM per teacher
<i>I Can Problem-Solve</i>	Violence Prevention and Building Social Competencies	Ages 4–7	<ul style="list-style-type: none"> • 3–5 times per week • 20–40 minutes per session 	<ul style="list-style-type: none"> • \$39.95 for teacher's manual • \$19.95 for parent manual, <i>Raising a Thinking Child</i> • Training varies: \$1,000 for 1-day training; \$1,500–2,000 for 2-day training (costs negotiable)
<i>Let Each One Teach One Mentor Program</i>	Violence Prevention and Building Social Competencies	Adolescents	<ul style="list-style-type: none"> • Weekly sessions for 16–20 weeks • 1 hour per session 	<ul style="list-style-type: none"> • Transportation: \$400–\$800 for 16–20 weeks • \$200–\$300 for supplies • \$2,000–\$4,000 for scholarships • 2.5 days of a psychologist's services
<i>Linking the Interests of Families and Teachers (LIFT)</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 1–5	<ul style="list-style-type: none"> • 20 sessions in 10 weeks • 1 hour per session in classroom and playground • Parent training is 6 sessions for 6 weeks • 2 hours per session 	<ul style="list-style-type: none"> • Leader training for 15–30 hours • 5 hours for playground monitor's training • Cost of .5 FTE school psychologist to deliver program • Training, home visits, manual, videotapes
<i>Lions-Quest Skills for Adolescence</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–8	<ul style="list-style-type: none"> • 102 sessions in various formats • A minimum of 45 sessions in 9 weeks • 102 sessions over 3 years is the maximum level • 45 minutes per session, delivered no less often than every other day 	<ul style="list-style-type: none"> • \$450 per teacher the first year includes 2-day training workshop, curriculum set, and student materials for a class of 25 • After first year, cost for materials is \$5.95 per student • 10-day train the trainer program
<i>Lions-Quest Working Toward Peace</i>	Violence Prevention and Building Social Competencies	Ages 10–14	<ul style="list-style-type: none"> • 22 sessions and 6 basic life-skills sessions • Daily for 5 weeks or every other day for 9 weeks • 40- to 50-minute sessions 	<ul style="list-style-type: none"> • \$89.95 per teacher. Student materials are available for \$3.95 per student. • Family resource pamphlets are \$1.25 each • Quantity discount • Optional 1-day training for up to 50 participants • 5-day train the trainer workshop
<i>Michigan Model for Comprehensive School Health Education</i>	Violence Prevention and Building Social Competencies	Grades K–12	<ul style="list-style-type: none"> • Grades K–6 curriculum: 40 sessions • 30–45 minutes per session • Grades 7–12 content module format of varying lengths 	<ul style="list-style-type: none"> • \$30 per curriculum manual for grades K–6 • \$20 per curriculum manual for grades 7–12 • \$450 per classroom average cost for grades K–12 • \$250 for training for grades K–6 • \$150 for training for grades 7–12
<i>Minnesota Smoking Prevention Program</i>	Tobacco Abuse Prevention	Ages 11–15	<ul style="list-style-type: none"> • 6 sessions • 45–50 minutes per session • One 30-minute session for peer group leader training 	<ul style="list-style-type: none"> • \$148 for program kit, including facilitator's manual, poster, 5 group leader guides, and handouts • \$1,750 for 1st day of training, \$1,500 for 2nd day (2-day training) for up to 30 participants • National training available

*Current costs need to be verified with the program.

Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
Open Circle Curriculum	Violence Prevention and Building Social Competencies	Grades K–5	<ul style="list-style-type: none"> Sessions are twice a week 15–30 minutes per session 	<ul style="list-style-type: none"> Curriculum guide is available for each grade level \$750 per teacher for yearlong training activities and curriculum, including lessons, handouts, and newsletters
PeaceBuilders®	Violence Prevention and Building Social Competencies	Grades 1–8	<ul style="list-style-type: none"> Ongoing, schoolwide, community-wide 	<ul style="list-style-type: none"> \$8 per student grades K–5 After the first year, \$100 per year for incentive tool kit, including leadership guides, staff guides, visual aids, handouts, and site license \$1,750 for 4-hour training on-site (elementary) \$1,250 for 2-day train the trainer (elementary) \$3,000 for middle school program (<i>Action Guide</i>, leadership guide, graphics binder, and CD-ROM) \$2,250 for 2-day training on-site (middle school) \$1,250 for 2-day train the trainer (middle school) Orientation for teachers and staff
The Peacemakers Program: Violence Prevention for Students in Grades 4–8	Violence Prevention and Building Social Competencies	Grades 4–8	<ul style="list-style-type: none"> 1 session per week for 17 weeks (or one semester) 45 minutes per session 	<ul style="list-style-type: none"> \$65 for teacher's manual \$50 for counselor's manual \$8 for student handbook Averages \$11 per student, including manuals, workbooks, and training \$150 per hour plus expenses for the 6–8 hours of training
Peers Making Peace	Violence Prevention and Building Social Competencies	Pre-K–Grade 12	<ul style="list-style-type: none"> 15–24 students are selected and trained in program skills Elementary students: three 3-hour sessions Middle school students: four 3-hour sessions High school students: five 3-hour sessions Students then perform ongoing mediation services for school 	<ul style="list-style-type: none"> \$1.64 per student \$100 for coordinator's manual \$100 for video orientation \$100 for site license (allows copying of 100 student manuals) \$550 per day for training for up to 30 teachers, including some materials \$250 per day for additional trainer for more than 30 teachers
Positive Action	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades K–8	<ul style="list-style-type: none"> Grades K–6 curriculum has 140 sessions per grade delivered daily or almost daily (15–20 minutes per session) Middle school sessions are 2 or 3 days a week (15–20 minutes per session) 	<ul style="list-style-type: none"> \$400 for Kindergarten Teacher's Kit \$300 for Teacher's Kit (1–8) \$185 for fifth-grade Drug Education Supplement Teacher's Kit \$300 for Middle School Drug Education Supplement Teacher's Kit \$360 for Principal's Kit \$55 for family kit \$300 for community kit \$160 for implementation plan \$160 for rejuvenation plan \$60 for counselor's kit Additional kits \$150–\$400 \$600 per day for on-site training Evaluation options Secondary school materials

*Current costs need to be verified with the program.

Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Preparing for the Drug-Free Years</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Parents of children ages 8–14	<ul style="list-style-type: none"> • 5 sessions in 5 weeks for parents • 2-hour sessions 	<ul style="list-style-type: none"> • \$100 per participant for materials, including a curriculum kit, a leader's guide, videotapes, transparencies, and a family guide • \$4,500 for 3-day training for up to 12 leaders
<i>Primary Mental Health Project</i>	Treatment Program	Pre-K–Grade 9	<ul style="list-style-type: none"> • Weekly sessions, one on one • 30–40 minutes per session 	<ul style="list-style-type: none"> • \$250 per year per child is the estimated cost • A single contact can be less than \$10 • Various booklets and manuals available, including a program development manual, a handbook, and a screening and evaluation tool • Training videos as well as on-site consultation
<i>Project STAR</i>	Alcohol, Tobacco, and Other Drug Abuse Prevention	Ages 10–12	<ul style="list-style-type: none"> • Part 1: 10–13 sessions in 5–6 weeks • Part 2: 5–7 sessions in 2–4 weeks • 50 minutes per session (or less) 	<ul style="list-style-type: none"> • Private consultant for 2-day training for part 1, 1-day training for part 2 • Training for parents, the media, and community
<i>Promoting Alternative Thinking Strategies (PATHS)</i>	Violence Prevention and Building Social Competencies	Grades K–6	<ul style="list-style-type: none"> • 3–5 times per week for grades K–6, suggested • 131 sessions • 20- to 50-minute sessions • Variable delivery methods 	<ul style="list-style-type: none"> • \$550 for Basic curriculum, grades 1–6, including instructor manual, 5 volumes of lessons, visual aids • \$145 for Readiness and Self-Control (Turtle unit), grades K–1, including instructor manual, puppet, visual aids • \$640 for complete curriculum, includes both Basic and Turtle units • \$3,000 for 2-day training for up to 30 participants
<i>Responding in Peaceful and Positive Ways (RIPP)</i>	Violence Prevention and Building Social Competencies	Grade 6 or 7	<ul style="list-style-type: none"> • 25 sessions in 25 weeks • 50-minute sessions 	<ul style="list-style-type: none"> • 1 FTE violence prevention coordinator • \$600 for a 4-day training, including curriculum manual
<i>Say It Straight Training</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 3–12	<ul style="list-style-type: none"> • 5–10 sessions at least 2 times per week • 50-minute sessions 	<ul style="list-style-type: none"> • \$2,600 per year for school of 600–1,000 students, including training and training manual • \$6.50 for parent workbook • Train the trainer model with on-site and e-mail support • \$.15–.30 per workbook for rights to copy • Costs reduced in subsequent years
<i>SCARE Program</i>	Violence Prevention and Building Social Competencies	Early adolescents	<ul style="list-style-type: none"> • 15 sessions in 15 weeks or 15 days • Sessions of 45–50 minutes 	<ul style="list-style-type: none"> • \$49.99 for leader's manual and student workbook • No other training necessary
<i>Skills, Opportunity, and Recognition (SOAR)</i> <i>(formerly Seattle Social Development Program)</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 1–6	<ul style="list-style-type: none"> • 10 days in-service training for teachers • 6-day principal/facilitator training • 6-day parent workshop leader training • 15-day parent training in 3 workshops over 2 years 	<ul style="list-style-type: none"> • Training for teachers in classroom management • Training for teachers in curriculum • Training for parents • \$80,000 per school for a 2-year installation with all trainings

*Current costs need to be verified with the program.

Promising Programs at a Glance

PROMISING PROGRAMS	EMPHASIS	GRADE LEVEL	DURATION/ INTENSITY	COSTS, MATERIALS, TRAINING*
<i>Students Managing Anger and Resolution Together (SMART) Team</i>	Violence Prevention and Building Social Competencies	Grades 5–9	<ul style="list-style-type: none"> • 8 modules used in sequence or independently 	<ul style="list-style-type: none"> • Training needs are minimal • \$195 for user license for one computer • \$395 for multiuser license • \$595 for network license
<i>Social Decision Making and Problem Solving</i>	Violence Prevention and Building Social Competencies	Grades K–8	<ul style="list-style-type: none"> • Multiyear, infused schoolwide, classroom based 	<ul style="list-style-type: none"> • \$75 for <i>Curriculum Guide</i> (one per school building) • \$35 for individual teacher curriculum • \$750–\$1,550 per day for training, depending on school needs • \$50 materials fee includes a teacher's guide, training packet, and posters
<i>Teenage Health Teaching Modules</i>	Combined Building Social Competencies, Violence Prevention, and Alcohol, Tobacco, and Other Drug Abuse Prevention	Grades 6–12	<ul style="list-style-type: none"> • 23 modules for 3 grade groupings: 6–8, 9–10, 11–12; can be implemented individually • 45-minute sessions 	<ul style="list-style-type: none"> • \$999.95 for complete curriculum grades 6–12 • \$409.95 for grades 6–8 • \$359.95 for grades 9–10 • \$284.95 for grades 11–12 • \$25–\$80 for individual modules • \$7.20 average cost per student for handouts • Training
<i>The Think Time Strategy</i>	Violence Prevention and Building Social Competencies	Grades K–9 (SED populations)	<ul style="list-style-type: none"> • Teachers working in tandem send disruptive students to a Think Time desk as necessary 	<ul style="list-style-type: none"> • \$49 for video-based training, 35 minutes long

*Current costs need to be verified with the program.



EXEMPLARY PROGRAM

Athletes Training and Learning to Avoid Steroids

ATHLETES TRAINING AND LEARNING TO AVOID STEROIDS

Athletes Training and Learning to Avoid Steroids is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Athletes Training and Learning to Avoid Steroids (ATLAS) is a universal program for high school male athletes. The goals of the program are to reduce anabolic steroid use and intent to use, reduce the use of alcohol and other illicit drugs, reduce the use of "athletic-enhancing" supplements, reduce substance abuse risk factors, promote substance abuse protective factors, improve nutrition behaviors, and improve athletic self-efficacy.

The rationale of the program is based on the premise that student athletes are an important group for health promotion and substance abuse prevention, as they can be role models and opinion leaders for other students. Their abstinence from drug use has the potential to deter abuse in others. The success of ATLAS relies on an understanding of etiologic risks and protective factors.

ATLAS involves 10 classroom sessions (each 45 minutes long) in which students role-play, create campaigns, and play educational games. Instructional aids include pocket-sized food and exercise guides and easy-to-follow workbooks. Parents are involved with their child's homework and diet goals. The total classroom curriculum lasts nine hours. The classroom session time allotment is divided into 50 percent drug issues, 34 percent sport nutrition, and 16 percent exercise training. In addition, ATLAS requires approximately 100 hours of team contact during the sport season.

The program has two components: the Instructor Package and the Athlete Packs. The Instructor Package is a three-ring binder that includes instructions on how to train peer "squad" leaders, background information, and lesson plans for the 10-session curriculum. Also included in the Instructor Package are 10 Athlete Packs. Each Athlete Pack contains 10 curriculum workbooks, 10 sports menu booklets that feature information on nutrition and specific athletic-enhancing snacks before and after training, and 10 training guides that cover strength training, weight lifting, and workout schedules.

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Professional Development Resources and Program Costs

A one-day instructor and peer-led training is available but not required. Ongoing assistance and updated information are located on the ATLAS Web site, and technical assistance is available through ATLAS via e-mail, fax, and telephone. The

cost of the program (Instructor Package with 10 Athlete Packs) is \$149.95. Additional Athlete Packs (a set of 10) can be purchased for \$39.95 each. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found that the scope and sequence of the activities led logically to the achievement of the program's clearly articulated goals. They lauded the program's congruence among mission, goals, objectives, activities, and intended behavior change. This program targeted a very specific audience, and its materials were appropriate to that audience.

EVIDENCE OF EFFICACY

Reviewers found that the ATLAS evaluation studies were rigorous and methodologically strong, with excellent designs, internal validity, well-known measures, appropriate analyses, and statistically significant outcomes. The program used a pre-post test design with random assignments to control groups, large samples, multiple schools, longitudinal measures, and sophisticated analyses of the data. The researchers carefully and systematically addressed issues of retention, baseline equivalence, short-term and long-term effects, and both individual and school-level results. One reviewer pointed out that the program was thoughtfully contextualized in adolescent psychological and physical development theory and correctly identified and addressed potential statistical issues, such as ethnicity and a father's education at baseline.

Reviewers noted the consistent pattern and magnitude of the program's outcomes. Each of the 14 effectiveness claims was substantiated with statistically significant results. Statistically reliable outcomes in favor of the treatment group were found in almost all areas addressed by the program. Outcomes included the following: 1) reduced incidence and prevalence of drug use, intention to use and actual use of anabolic steroids, use of sport's supplements, and incidents of drinking and driving; 2) improved drug use resistance skills and perceptions of the harmful effects of anabolic steroids—including personal susceptibility to these harmful effects, perception of athletic competence, and sports nutrition behaviors; and 3) increased strength training self-efficacy and perception of a coach's intolerance of anabolic steroid use.

The evaluation design was a randomized cohort study, conducted over three consecutive years; two cohort studies had a one-year follow-up component and all three cohort studies had an end-of-the-season follow-up. Thirty-one schools in 10 cities and two states were studied, with random assignments of pair schools to experimental and control conditions. There were 15 experimental and 16 control schools and a sample of 3,207 athletes at pre-assessment. There was no differential dropout between experimental and control groups. Positive post-test findings were observed one year after baseline measurement, using a 168-item questionnaire based on prior research that indicated high item reliabilities, validity, and adequate sensitivity.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

CASASTART

CASASTART

The *CASASTART* program is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a substance abuse and violence prevention program serving especially high-risk 8- to 13-year-olds and their families living in socially distressed neighborhoods. The program is a comprehensive, neighborhood-based, school-centered secondary intervention that brings together police, schools, and community-based organizations to achieve two goals: 1) to redirect the lives of youngsters who are considered likely to end up in trouble (e.g., likely to use drugs, become delinquent, or drop out of school), and 2) to reduce and control illegal drug use and related crime in the neighborhoods where the youths live to make the areas safer and more nurturing environments. The specific objectives of the program are to reduce children's use of illegal substances, to reduce the incidence of delinquent behavior in and out of school, and to reduce the incidence of disruptive behavior in school.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University selects a low-income neighborhood in a large city and identifies a target school. Within that school, CASASTART identifies those youths most likely to become involved in negative behaviors and works to increase the protective factors in these youths to prevent their involvement in substance abuse, violence, and illegal activities. CASA's other roles are to specify the core services, train site staff, develop and sustain the collaborative relationship at the staff and policy levels, support problem-oriented policing strategies in the neighborhood, develop strategies to work through issues of confidentiality, design the data collection and management information systems, structure and conduct the program evaluation, assess local funding needs, and assist in fund development.

The case manager serves as a counselor, mentor, advocate, broker of services, and role model. CASA's comprehensive prevention strategy contains the following eight required core services: case management, education services, family services, recreational activities, mentoring, community policing, incentives, and criminal/juvenile justice intervention.

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Professional Development Resources and Program Costs

CASA's staff regularly visits new sites and provides in-service training to site staff in all components of the model. Training sessions—which involve staff from all key agencies—cover case management, service integration and collaboration, substance abuse prevention, family involvement, and community-oriented

policing. CASA also holds regular all-site conference calls and an annual all-site conference, bringing together the partners from all CASA communities. A CASASTART newsletter is distributed bimonthly. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Although this program was comprehensive and took on enormous challenges, reviewers noted that the goals were still very clear and appropriate for the task. Reviewers found that the program's goals and rationale attended to the challenges of working with youths from socially distressed neighborhoods and that the program was adaptable to the variety of environments found there. CASASTART clearly addressed how the case management model was flexible in its time frame, intensity, and availability.

EVIDENCE OF EFFICACY

Reviewers found considerable evidence of CASASTART's efficacy based on an independent evaluation using treatment vs. control group designs with multiple measures (e.g., surveys of youths and caregivers, court and police records, school records on performance and attendance, program records on services and participation). Reviewers commended the rigor of the evaluation design, the integrity of the measures, and the comprehensiveness of the data analyses.

CASASTART is the second iteration of the National Center on Addiction and Substance Abuse at Columbia University's Children at Risk (CAR) research and demonstration program. This program was tested in six cities from 1992 to 1995. Therefore, CASASTART provided efficacy data resulting from the 1992–95 evaluation of CAR programs in five cities. The first year of the evaluation used an experimental design in which eligible youths ages 11 to 13 were randomly assigned to treatment and control groups. The groups consisted of 338 CAR participants and 333 control youths, all selected in five cities during 1992–93 and 1993–94. During the second year of the evaluation, a second comparison group was created, using a quasi-experimental design to assign youths to comparison groups in equivalent communities who continued to recruit CAR participants. The comparison group consisted of 203 youths selected in four cities during 1993–94. Data analysis was performed to adjust for attrition, and validity was checked for self-reported data.

The evaluation data yielded statistically significant treatment and control group differences across sites between the CAR youths and the control group on measures of gateway and stronger drug use, drug sales activity, violent crimes, and involvement with delinquent peers. CAR youths had more positive peer support and felt less peer pressure. They also were more likely to be promoted to the next grade in school than were the control students.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

Life Skills Training

LIFE SKILLS TRAINING

Life Skills Training is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Life Skills Training (LST) program addresses a wide range of risk and protective factors by teaching young people general personal and social skills in combination with drug resistance skills and normative education. LST is a universal, primary, school-based drug abuse prevention program that targets individual adolescents, typically in school classrooms. The goal of the program is to prevent tobacco, alcohol, and drug abuse among adolescents. The designated program consists of a three-year prevention curriculum intended for middle school and junior high students. (An elementary school curriculum has recently been developed.) The three major content areas are self-management skills, general social skills, and drug resistance skills and information.

The underlying rationale of this program is based on the premise that preventing drug use in younger populations will ultimately reduce the prevalence of drug use among these youths as they get older. LST is based on an understanding of the causes of smoking and alcohol and drug use as well as the knowledge that drug use begins due to a complex combination of many diverse factors.

Materials for each year of the LST curriculum consist of a teacher's manual, a student guide, and audiocassette tapes. The curriculum is designed to be delivered in 15 classes of approximately 45 minutes each in the first year. Ten booster sessions occur in the second year, and five sessions occur in the third year. Another option is to deliver the program as a module or mini-course so that the entire program can be conducted on consecutive days. Teachers and parents may also use a video on smoking and biofeedback to teach their students and children about the immediate harm that smoking inflicts on the body.

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Professional Development Resources and Program Costs

The LST program offers provider training at an estimated cost of \$200 per person for a two-day workshop (curriculum materials not included). The training sponsor is responsible for costs associated with the training site, equipment rental, and

promotion. Depending on the grade level, the teacher manuals range in cost from \$45 to \$85. Student guides range from \$6 to \$9 each. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers stated that the program's goals and activities were closely aligned with research on changing knowledge, attitudes, and behaviors about drug use. Reviewers also reported that the intended population and the expected changes within that population were clearly articulated and logically appropriate.

EVIDENCE OF EFFICACY

Statistically significant results were found in a wide variety of settings using randomly assigned groups, with both objective and self-report measures of use. Reviewers found consistently positive results for up to six years for participants who continued with an implementation of the program that was high in fidelity. Measures focused on the three gateway drugs: alcohol, cigarettes, and marijuana. Program measures were as reliable and valid as is possible for these complex variables, due to the fact that the program used saliva and carbon monoxide testing to validate self-reported data. Results were consistent across large numbers of participants in repeated studies.

Thirteen evaluation studies spanning more than 15 years all found strong evidence of positive treatment effects extending over periods of time. These studies used very strong research designs, controlling for threats to internal validity, such as attrition, and using follow-up components. Differential attrition was examined, and implementation fidelity of the program was assessed in most of the later studies. All studies used designs in which the schools were randomly assigned to treatment and control conditions. Reviewers found that the treatment group showed a statistically significant decrease in levels of adolescent alcohol, tobacco, and marijuana use compared with the control groups; some studies showed these effects lasting for one year or longer. The most powerful result of the program was a decrease in smoking prevalence, an outcome reinforced by a positive impact on mediating variables. A six-year longitudinal follow-up study showed statistically significant decreases in weekly and monthly cigarette smoking, getting drunk, and using multiple drugs for experimental conditions.

Almost every study showed statistically significant results that favored the treatment group, with some studies examining the strength of the program implementation and/or any differential attrition effects. In sum, reviewers concluded that the evidence as a whole showed that the program had been rigorously evaluated using a variety of populations, variations in staff, and different program formats.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

OSLC Treatment Foster Care

OSLC TREATMENT FOSTER CARE

The *OSLC Treatment Foster Care* program is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Oregon Social Learning Center (OSLC) Treatment Foster Care program recruits and trains foster families to house and care for youths with a history of juvenile delinquency. The goal of the program is to provide adolescents who are seriously delinquent and need out-of-home care with the following: close supervision, fair and consistent limits, predictable consequences for rule-breaking, a supportive relationship with at least one adult mentor, and less exposure to delinquent peers. Foster families work with caseworkers and therapists to administer an intensive behavior intervention, but biological/adoptive families continue to have input into their child's treatment.

Effective interventions for this population are multidimensional and are implemented in the Treatment Foster Care home, at school, in the community, and with peers. The program has many components, all of which work together to serve the needs of the youths. Treatment modalities include behavioral parent training for Treatment Foster Care parents and biological parents, skills training for youths, supportive therapy for youths and involved adults, school-based behavioral interventions and other academic support, and psychiatric consultation and medication management as needed. Family therapy is provided for each youth's biological and adoptive families to help achieve the ultimate goal of returning the youth home.

Placement into Treatment Foster Care homes is carefully considered and highly scripted. Youths move from a detention facility to the new home with the guidance of a case manager. Youths attend public schools, where their behavioral adjustment, attendance, and academic performance are closely monitored, and interventions are conducted in the school as needed. The program is divided into levels that participants can attain as they accumulate points for good behavior and compliance. Participants' performance in the foster home, school, and community is monitored and scored. Points earned are "redeemed" by the participants for privileges. Once a youth has returned home, parents are invited to participate in a weekly aftercare group with other parents. The aftercare curriculum is delivered through a manual titled *Success Begins at Home*.

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Professional Development Resources and Program Costs

Treatment Foster Care families are recruited and screened, and then participate in a 20-hour pre-service training. Biological and adoptive parents also receive training in point system assignments. The total program cost is estimated at \$3,965 per

month per youth. This total includes family therapy sessions and payments to the foster family. The average length of stay is seven months, bringing the average total cost per youth to \$27,755. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers noted that the overall program goals were excellent and commended the program for the specific goal of realizing normal behaviors among adolescents targeted for this program. Reviewers stated that the rationale was well planned and that the content considered the diversity of the population it served. Reviewers found the expectations of performance, the interventions themselves, the methods of providing support, and the feedback all to be exemplary.

EVIDENCE OF EFFICACY

Reviewers determined that the OSLC Treatment Foster Care program had been rigorously tested through four evaluation studies, one using a matched comparison design and three using random assignment designs. The program collected evaluation data through well-known measures with established reliability and validity and official organization, state, and court records. All of the evaluations were high quality in terms of experimental design, selection of measures, data analyses, and, most important, long-term effects of the program. Reviewers found its impact to be both statistically and clinically significant. The program presented convincing findings on scientifically established risk factors, such as early and persistent antisocial or aggressive behavior and early initiation of delinquency.

One randomized clinical trial of incarcerated youths ages 12 to 18 used a control group receiving an alternative treatment program. This study demonstrated statistically significant evidence of the effectiveness of the Treatment Foster Care program in reducing criminal and delinquent behaviors in serious and chronic adolescent offenders. Multiple measurement points—at baseline, three months after placement, and every six months for two years—strengthened the design. One year after treatment, the experimental group had improved in the area of conduct problems: They had fewer self-reports of delinquent activities, fewer official criminal referrals, fewer days of incarceration, and fewer days on the run from the treatment program. The matched comparison study showed that the youths from the Treatment Foster Care program spent fewer days in lockup. Also, fewer of these youths were incarcerated, and more of them completed treatment than did the comparison youths.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

Project ALERT

PROJECT ALERT

Project ALERT is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Project ALERT is a drug-prevention program for middle-grade students that focuses on alcohol, marijuana, cigarettes, and inhalants. It was developed and evaluated at RAND with funding from the Conrad N. Hilton Foundation. Its goals are to prevent adolescents from beginning drug use, to prevent those who have experimented with drugs from becoming regular users, and to prevent or curb the risk factors demonstrated to predict drug use.

Project ALERT is based on an understanding that drug use is a social phenomenon—a response to pro-drug messages and models presented by peers, adults, and the media. This program attempts to provide the motivation for saying no by identifying the pressures to use drugs and countering pro-drug messages. The program builds and reinforces group norms against drug use and dispels student beliefs that use is widespread, desirable, and harmless.

The curriculum consists of 11 lessons in sixth or seventh grade and three booster lessons 12 months later. The curriculum is cumulative, progressing from motivating nonuse to providing multiple opportunities to practice resistance skills and identify the benefits of resistance. Follow-up with reinforcement is contained in the booster lessons.

PROGRAM QUALITY

The program goals of Project ALERT clearly focused on behavioral changes that were both reasonable and appropriate for the middle-grade age level. The program content and materials were culturally and ethnically sensitive and were successfully implemented in highly diverse middle schools that encompassed urban, suburban, and rural communities. The rationale for the program was based on the social influence model of drug prevention. Students in the program were motivated and engaged in the learning process due to its participatory nature. Activities highlighted consequences of drug use that were immediately relevant to teenagers but avoided didactic lecturing and scare tactics that might have caused students to ignore or block out the message. For example, in the activity “Why not use drugs?” students reviewed a list elicited directly from their responses; thus, it automatically reflected the consequences of drug use that students themselves considered serious and likely.

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Professional Development Resources and Program Costs

The Project ALERT curriculum builds the pedagogical skills and training of certified classroom teachers during a highly interactive, one-day workshop. For \$125, a teacher can receive the complete training and materials package, which consists of the following: a one-day training workshop, a complete teacher's manual with 14 detailed lesson plans, two teacher demonstration videos, eight classroom videos, 12 classroom posters, an optional teen leader component, and complimentary video and print curriculum

updates. Other costs for student materials are limited to a few reproducible handouts.

Ongoing support for trained Project ALERT teachers is provided through a complimentary technical assistance newsletter (published three times a year) and a toll-free teacher-assistance telephone line. Refresher workshops are available for previously trained teachers. (Current costs need to be verified with the program.)

EVIDENCE OF EFFICACY

Reviewers determined that Project ALERT provided convincing evidence of a credible and effective drug prevention program through an extremely well-designed evaluation and consistent results. The evaluation was exemplary in all respects, including a large sample size, numerous and varied schools and student populations, two variations of program treatments, random assignment of students to treatment and control groups, longitudinal measurements, validated outcome measures, appropriate adjustment for attrition effects, and thorough and sophisticated analyses. Results demonstrated statistically significant and meaningful effects favoring the treatment students in a variety of settings and over time. Reviewers agreed that they were confident that the findings were attributable to the intervention.

The evaluation was carried out in 30 middle schools from 1984 to 1990, with three conditions of 10 schools each: 1) a control group of 1,105 students, 2) an ALERT curriculum group of 1,316 students taught by an adult teacher only, and 3) an ALERT curriculum group of 1,413 students taught by an adult teacher plus a teen leader. The evaluation design used multiple measurements to validate the self-report survey measures with physiological samples and consistency analyses conducted over time. The evaluators administered and tested saliva samples at the time of measurement to verify student survey ratings; conducted classroom observations monitoring more than one third of all lessons; examined classroom logs to ensure that materials were covered and the courses taught as they were designed; and performed a reliability test to determine inconsistencies in self-reported drug use. Data were collected at four points: before and after seventh grade and after the eighth-grade booster lessons, with follow-ups at 12 and 15 months after baseline. In addition, a long-term follow-up assessed student outcomes six years later.

Statistically significant and consistent differences were found between the treatment and control students on both their use and beliefs about use for marijuana, alcohol, and cigarettes. The evaluation examined complex relationships, including results for students who participated for different amounts of time and who began as users, nonusers, or experimenters.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

Project Northland

PROJECT NORTHLAND

Project Northland is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Project Northland is a research-based, multilevel, multiyear alcohol use prevention program for students in grades six through eight. Its goals are to delay the age when young people begin drinking, to reduce alcohol use among those who have already tried drinking, and to limit the number of alcohol-related problems among youths. The program addresses both individual behavioral change and environmental change through student participation and experiential learning at home and in peer-led classroom activities.

The sixth-grade curriculum, titled "Slick Tracy Home Team Program," is a six-session, six-week, classroom- and home-based program. Students at home with their families complete fun and educational activities that promote parent-child discussions of alcohol, peer influence, media influence, and home rules. In the classroom, small-group discussions led by peers focus on each week's theme. "Amazing Alternatives!" is a seventh-grade, teacher- and peer-led, classroom-based curriculum that is designed to be taught once or twice a week over four to eight consecutive weeks. It includes audiotaped vignettes, group discussions, class games, problem-solving tasks, and role-playing to explore why young people use alcohol and how to prevent it. Sixth- and seventh-grade peer leaders are selected by their classmates and receive training prior to curriculum implementation.

The "Powerlines" curriculum for eighth-graders is a four-week interactive program with eight 45-minute sessions. The curriculum reinforces the messages and behaviors learned in previous curricula. Through work on small-group projects, students learn about local "power" groups (individuals and organizations) and the influences those groups have on adolescent alcohol use and availability within their own communities. Students also conduct interviews with local citizens and then hold a "town meeting" in which small groups of students represent various community groups and make recommendations for community action for alcohol use prevention.

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Professional Development Resources and Program Costs

The curriculum includes three teacher-friendly guides for grades six, seven, and eight that provide strategies, resources, implementation plans, and materials needed for optimal benefit. Student-specific handouts enhance ease of delivery at all grade levels.

Training is strongly recommended for administrators or prevention coordinators to understand thoroughly the research,

rationale, and strategies for effective implementation. Participants will receive key implementation tools and technical assistance in developing an individual plan. In order best to meet conditions for replication, classroom teacher training for staff delivering curriculum in grades six, seven, and eight is also suggested. For current costs on all materials and training services, please call Hazelden Publishing at 1-800-328-9000.

PROGRAM QUALITY

Reviewers noted that the program content and processes were developmentally appropriate at each grade level and took into consideration the characteristics and needs of diverse populations. The program was grounded in social influence theories such as problem behavior theory, which emphasizes the interaction of social-environmental factors, behavior, and personality in predicting adolescent drinking. Reviewers highlighted the program's design, which had students exposed to parental involvement, behavioral curricula, peer leadership opportunities, and community awareness activities during the three years of participation. Reviewers noted that roughly 70 percent of the program's small-group discussion activities were led by peers and that peer-led instruction was highly effective at this age. Project Northland used other strategies to motivate students, including class games, videotapes, and small-group projects.

EVIDENCE OF EFFICACY

Project Northland used a pre-post, randomized community trial with longitudinal follow-up measures to determine the program's effectiveness. Reviewers found this approach to be an excellent example of a comprehensive evaluation of an alcohol prevention program. The strengths of the evaluation included a strong design, a high-intensity intervention, appropriate analyses, and a comprehensive set of measures. The credibility of the program had been established in repeated trials and in several refereed journals. The evaluation involved a large sample of adolescents, with 2,351 sixth-grade students at the 1991 baseline point. It also retained a substantial portion of them over the three-year period: 2,191 students at the 1992 sixth-grade follow-up; 2,060 students at the 1993 seventh-grade follow-up; and 1,901 students at the 1994 eighth-grade follow-up. The program demonstrated statistically significant effects, especially among nonusers at baseline, and provided considerable longitudinal evidence of the program's effectiveness in delaying the onset of alcohol and other drug use.

The evaluation used randomization at the school district level, with 24 intervention and reference school districts blocked into two groups, and student questionnaire measures assessing attitudes, beliefs, and use of drugs and alcohol. Results demonstrated consistent statistically significant differences at the end of the three-year intervention in favor of the treatment group on repeated survey measures, including students' tendency to use alcohol, recent alcohol use, cigarette use, marijuana use, peer influence, self-efficacy, and functional meanings of alcohol use. The program showed a differential effect for nonusers at baseline, indicating that the program was very effective in delaying the onset of alcohol, cigarette, and marijuana use among adolescents who had never used these substances at the sixth-grade baseline.

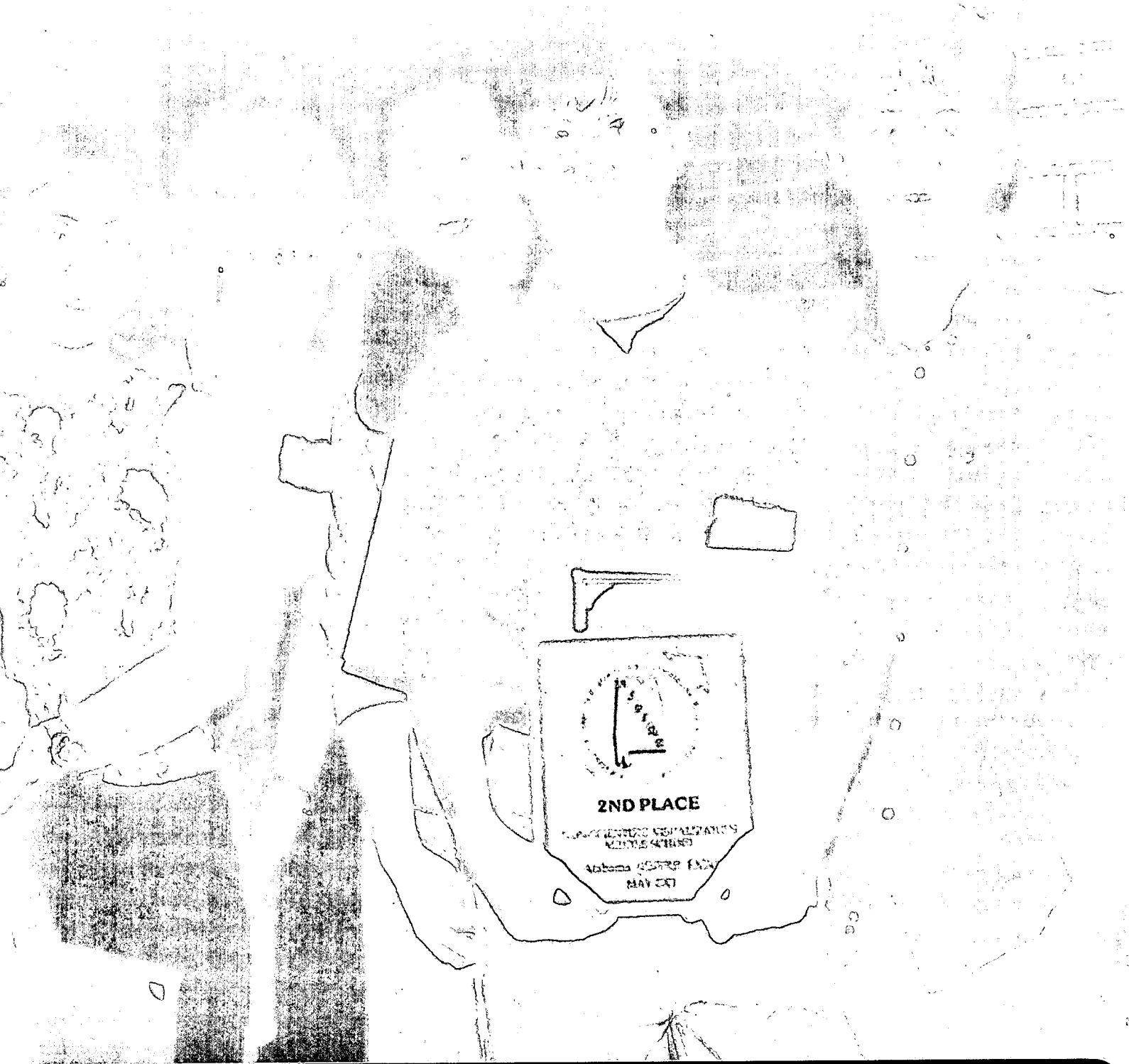
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EXEMPLARY PROGRAM

Project T.N.T.: Towards No Tobacco Use

PROJECT T.N.T.: TOWARDS NO TOBACCO USE

Project T.N.T.: Towards No Tobacco Use is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Project T.N.T.: Towards No Tobacco Use is a comprehensive, 10-day curriculum that provides students with the information and skills they need to say no to tobacco use. The program educates students about the short- and long-term negative physiologic and social consequences of tobacco use, while addressing social influences and peer norms and building refusal skills. The program addresses both cigarettes and smokeless tobacco.

The program goals for Project T.N.T. are to reduce the initiation of cigarette smoking and smokeless tobacco use in young teens and to reduce the frequency of cigarette smoking and smokeless tobacco use in young teens. The program combines numerous research-based approaches for program delivery. It teaches the replacement of negative thoughts about resisting peer pressure with positive thoughts, provides an interactive approach to explain the physical consequences of tobacco use, and uses novel games to reinforce learning.

Designed for use in middle schools and junior high schools, the program consists of 10 lessons to be presented over a two-week period, beginning in either grade five, six, seven, or eight. Each of the 10 core lessons lasts 45 to 50 minutes and can be delivered over a two-week period or over as many as four weeks. Two booster sessions are held the year after the program begins.

The curriculum consists of a teacher's manual with step-by-step instructions for completing each of the 10 core sessions and the two booster sessions, a student workbook, and two supplementary or optional videos.

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Professional Development Resources and Program Costs

Two days of teacher training are recommended. There are two types of training: educator training—a two-day workshop designed to provide health educators with the knowledge and skills needed to implement Project T.N.T.—and train the trainer—a three-day workshop designed to provide trainers with the knowledge and skills needed to train health educators to

implement Project T.N.T. Costs vary, depending on the size of the group, location, duration, and extent.

Program materials cost \$45 for one curriculum, which consists of a teacher's manual and one student workbook. The student workbook, in either English or Spanish, is \$18.95 for a set of five. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The program's goals were found to be explicit, clear, and appropriate to the audience. Both the rationale behind these goals and the program activities were compelling to the reviewers; most significantly, the program demonstrated nicotine's addictive nature and emphasized how that quality necessitates a continued commitment to preventing tobacco use among young people. Materials were noted by reviewers to be of significant variety and were not found to be culturally biased or insensitive to diverse ethnic groups.

EVIDENCE OF EFFICACY

Reviewers concluded that the evaluation design of Project T.N.T. was ambitious, very strong methodologically, and well constructed for strong internal validity. There were large samples, multiple schools, identifications of different sub-treatments, random assignments, and sophisticated analyses of the data. Appropriate tests were made for gender and setting effects. The program presented evidence of effectiveness in attenuating increases in initiation and weekly use of cigarettes and smokeless tobacco for seventh-grade treatment students. Reviewers commented on the impressiveness of a program that could demonstrate results a full two years after a 10-day treatment intervention.

The pre-post evaluation design involved the random assignment of 48 schools to four treatment conditions and one control. The schools were split into two cohorts. In Cohort 1, a 20-page questionnaire was administered pre-post to 6,716 students in seventh grade from treatment and control schools and, during a two-year follow-up, to 7,219 students in ninth grade. In Cohort 2, a sample of students in each school was given the pre-post questionnaires. The program reported that at the end of the two-year follow-up, compared with control group schools, students in Project T.N.T. schools reduced the initiation of cigarette use by 26 percent and smokeless tobacco use by 30 percent weekly. The regular use of cigarettes decreased by 50 to 60 percent and of smokeless tobacco by 100 percent. Statistically significant differences were found on a variety of measures for some of the treatment groups compared with the control group.

FOR FURTHER INFORMATION

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EXEMPLARY PROGRAM

Second Step: A Violence Prevention Curriculum

SECOND STEP: A VIOLENCE PREVENTION CURRICULUM

Second Step: A Violence Prevention Curriculum is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Second Step: A Violence Prevention Curriculum is a school-based social skills curriculum that teaches children to change attitudes and behaviors that contribute to violence. The goals of Second Step are to reduce aggression and to promote the social competence of children from preschool through ninth grade. The program also addresses a range of other behaviors that may be warning signs of violence and aggression, including acting with extreme impulsiveness, interrupting, calling people names, bullying, and threatening.

Second Step is based on research that suggests that the acquisition of key social competencies will decrease children's risk for engaging in destructive behavior and will expand their repertoire of pro-social skills. Second Step addresses three key pro-social skills: empathy, impulse control, and anger management.

The program is delivered once or twice a week, and lessons vary from 20 minutes in the lower grades to 50 minutes for older children. There are about 20 lessons for each grade level. For preschool and elementary school students, the Second Step curriculum consists of three kits: preschool/kindergarten, grades one to three, and grades four and five. Each kit includes a set of photo lesson cards, classroom posters, a teacher's guide, a classroom video, and a parent information video. The pre-K kit also includes a tape of songs and puppets. Lessons in the middle school and junior high curriculum are divided into three levels. Each contains discussion lessons, overhead transparencies, reproducible homework sheets, and a live-action video. At all grade levels, a teacher's guide explains the underpinnings of the program and provides implementation information to schools.

A video-based parent program, "A Family Guide to Second Step," is led by a Family Guide group facilitator in six group meetings. The program is designed to familiarize parents with the Second Step curriculum and help them reinforce the pro-social skills their children learn in their lessons. A Spanish supplement to Second Step is available for use by teachers in Spanish language or bilingual classrooms.

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Professional Development Resources and Program Costs

Training for teachers is available through a train the trainer model. Educators who receive the intensive training as Second Step trainers gain the skills, tools, and resources that enable them to train their school staff to teach the curriculum to students. In addition, the developer provides training for Family Guide facilitators, refresher/booster training sessions, and training programs for staff other than teachers. Free implementation planning assistance is available to schools via telephone.

Typical program costs are as follows: the pre-K kit, \$259; the grades one to three kit, \$269; the grades four and five kit, \$249; materials for three levels of middle school and junior high school, \$545; the Family Guide kit, \$475; and the Second Step Training for Trainers, a three-day workshop for one trainer, \$379. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers noted the correlation between the program's goals and the practice skills taught in the curriculum. They also highlighted the program's focus on mastery of three important areas: empathy, impulse control, and anger management. Reviewers found that the strategies to achieve these goals and the rationale behind them had a strong congruence and were very logical. Because the program drew experiences from its participants, reviewers found it to be culturally appropriate for the intended population.

EVIDENCE OF EFFICACY

Second Step provided overall evidence of efficacy based on data from three evaluation studies: a pre-post randomized control group study, a pre-post nonrandomized comparison group study, and a pre-post treatment-group-only study. Additional studies are in progress, including a three-year longitudinal evaluation.

Reviewers cited in particular two strengths of the evaluation data: 1) the excellent triangulation of teacher rating, parent report, and classroom observation measures; and 2) the use of well-known teacher and parent measures with a history of established reliability and validity. Reviewers specifically noted the rigor of the one-year, pre-post randomized clinical trial, involving 418 second- and third-grade students from six intervention schools and 372 second- and third-grade students from six control groups, in which the 12 schools were paired to ensure socioeconomic and ethnic comparability. This study yielded statistically significant treatment and control group differences on observational measures of behavioral outcomes, including a decrease in physical aggression and an increase in neutral/pro-social behavior. A six-month follow-up showed these observational effects remained for the most part.

Preliminary results of the pre-post nonrandomized comparison group study indicated that Second Step participants in grades six and seven in five sites showed a statistically significant reduction in self-reported attitudes endorsing the use of physical and relational aggression and in the perceived difficulty of behaving pro-socially. The pre-post treatment-group-only study used observations of third- and fifth-grade teachers' practices during the first week of the school year, combined with students' perceptions in the spring. Recommended teaching practices were significantly predictive of a greater sense of community among students, which in turn predicted a lower number of self-reports of student aggression.

FOR FURTHER INFORMATION

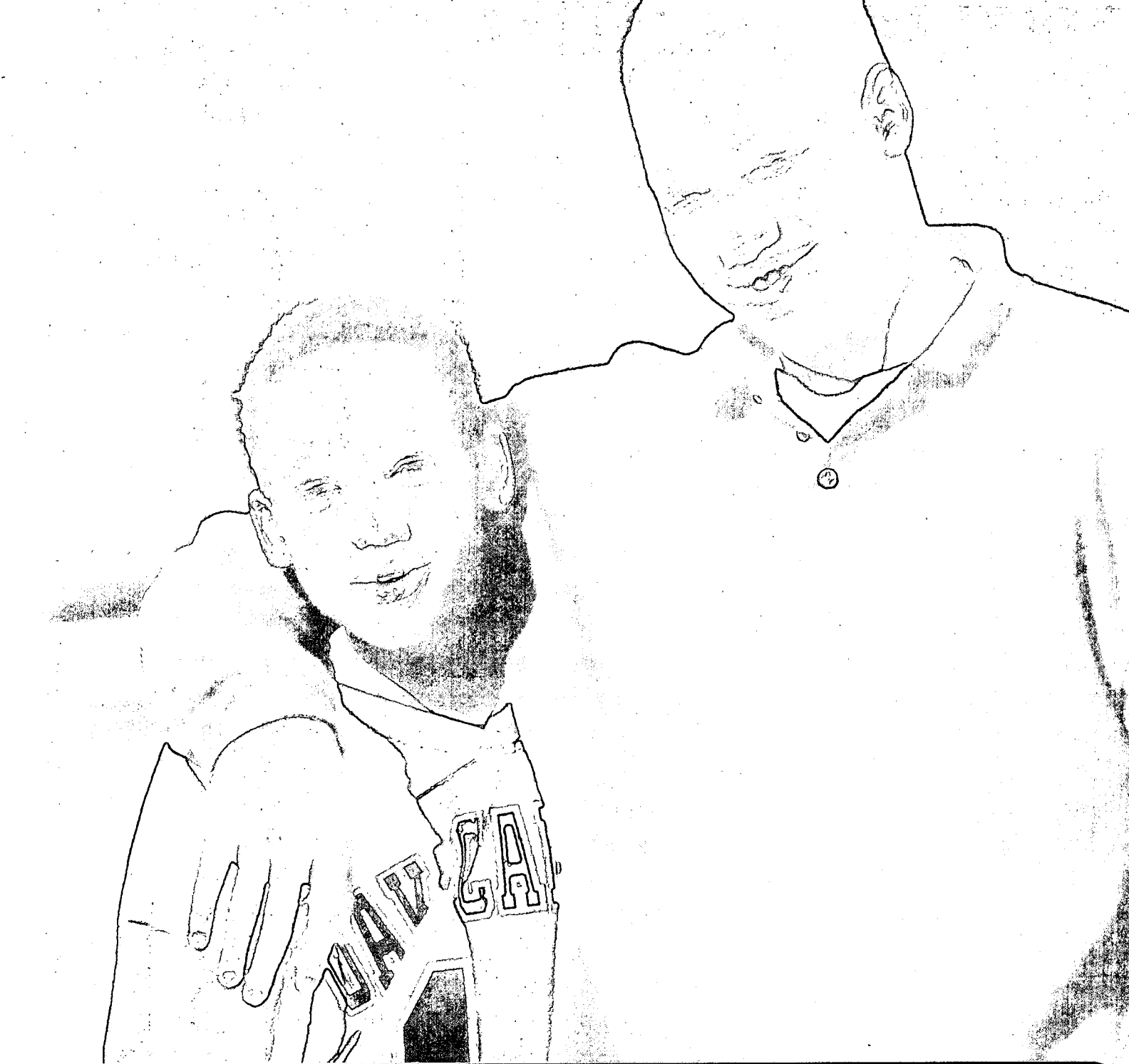
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EXEMPLARY PROGRAM

*The Strengthening Families
Program: For Parents and
Youth 10-14*

THE STRENGTHENING FAMILIES PROGRAM: FOR PARENTS AND YOUTH 10-14

The Strengthening Families Program: For Parents and Youth 10-14 is recommended as an **exemplary** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The long-range goal of The Strengthening Families Program: For Parents and Youth 10-14 (formerly called the Iowa Strengthening Families Program) is to reduce substance use and behavioral problems during adolescence. Intermediate objectives of the curriculum include improving skills in nurturing and child management by parents, improving interpersonal and personal competencies among youths, and improving pro-social skills in youths. The curriculum is a universal preventive intervention designed for parents of all educational levels and their young adolescent children.

The rationale for this program is based on enhancing protective factors and reducing risk in the family environment. A substantial body of literature supports a strong predictive relationship between ineffective child-rearing in early adolescence and delinquent behavior in later adolescence.

The Strengthening Families Program includes seven 2-hour sessions for parents and youths. Parents and youths attend separate skill-building sessions for the first hour and spend the second hour together in supervised family activities. The program is designed for eight to 13 families and is typically held in a public school, church, or community center. Each session requires three facilitators: one for the parent session and two for the youth session. All three facilitators offer assistance to families and model appropriate skills during the family session. Four booster sessions are designed to be used six months to one year after the end of the first seven sessions to reinforce the skills gained in the original sessions.

Program materials consist of nine videotapes (six for parent, one for each youth, and two for family sessions) and a 415-page leader's manual containing a teaching outline; a script for the videotapes; detailed instructions for all activities in sessions one through seven; master copies for each parent, youth, and family worksheet and homework assignment; a master copy of the program flyer; a list of materials; ordering information; and evaluation instruments. The narrators and actors in the video vignettes are African American, Hispanic, and white. Two additional videotapes and a separate 215-page manual detailing instructions for four booster sessions for parent, youth, and family sessions are also part of the program.

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Professional Development Resources and Program Costs

The program requires two days of facilitator training. Three days of training are recommended for groups conducting a scientific evaluation of the program and for groups requiring adaptation of the program for different ethnic groups and families that do not speak English. Consultation and technical assistance are available by telephone and e-mail for no charge after trainings. All materials for program implementation provide easy-to-follow instructions.

Leader's manuals are \$175 each, and the set of nine videos is \$250. Program supplies, not including general supplies, cost about \$10 per family. In addition to the two separate rooms needed for the parent and youth sessions, two televisions and VCRs, flip charts or erasable boards, and a slide projector are needed. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The reviewers found the goals of this program explicit and based on solid research. They rated highly the program's approach, which assumed a developmental perspective with families exerting relatively more influence on young and pre-adolescents than on older youths. The intensified focus on high-risk moments of transition from elementary to middle or junior high also was highly commended by reviewers for effective intervention timing.

EVIDENCE OF EFFICACY

Reviewers found that the program used rigorous pre-post treatment vs. control evaluation methods and provided evidence of positive treatment results, especially in the area of decreased drug and alcohol use among youths. The program's five-year longitudinal evaluation design used random assignments into experimental and control groups followed by a series of confirmatory tests of equivalence. The study addressed attrition rates and found no evidence of differential attrition at any of the post-test or follow-up data collection points. Reviewers noted that the integrity of the instruments was well substantiated, and that the data analyses were appropriate in type and rigor.

Statistically significant results for both the youth and the parent components of the program attested to the credibility and soundness of the evidence. Surveys were used to measure youth outcomes; questionnaires, interviews, and direct observations were used to assess parenting behaviors. The methodology included a range of sophisticated analyses that permitted data to be explored and explained in very convincing ways.

The results were reported for a five-year longitudinal evaluation with 11 schools, each assigned to the experimental group or minimal contact control conditions, totaling 238 experimental and 208 control group sixth-grade students and their families. The program also conducted a 10th-grade follow-up with both groups. Reviewers found that the experimental group showed statistically significant reductions in conduct problems and the use of tobacco, alcohol, and other substances. At the 10th-grade assessment, the experimental group had significantly lower alcohol and tobacco initiation index scores than the control group.

FOR FURTHER INFORMATION

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PROMISING PROGRAM

Aggression Replacement Training

AGGRESSION REPLACEMENT TRAINING

Aggression Replacement Training is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Aggression Replacement Training (ART) is a program for aggressive adolescents and young children that is administered by teachers or school counselors. The program seeks to enhance interpersonal skills, self-mediated ability to control anger, and a youth's concern for the rights and needs of others. The goal of ART is to improve psychological skill competence, anger control, and moral reasoning and social problem-solving skills.

ART is a multimodal, psychoeducational intervention for kindergarten through 12th grade that consists of skill-streaming, anger-control training, and training in moral reasoning. Skill-streaming utilizes modeling, role-playing, performance feedback, and generalization training to teach the curriculum of pro-social skills. In anger-control training, participating youths must bring to each session one or more descriptions of recent anger-arousing experiences and over the duration of the program they are trained in how to respond to their hassles. Moral reasoning is designed to enhance the youths' sense of fairness and justice regarding the needs and rights of others.

The rationale behind the program is to arm students with whatever is needed to behave in constructive, nonaggressive, and still-satisfying ways in school, at home, and in the community. Many youths are skilled in fighting, bullying, intimidating, harassing, and manipulating others. However, they frequently have inadequate skills in more socially desirable behaviors, such as negotiating differences, dealing appropriately with accusations, and responding effectively to failure, teasing, rejection, or anger. ART was designed to intervene in such antisocial behavioral excesses and pro-social behavioral deficits.

Although the ART curriculum has been offered in a variety of lengths, the 10-week sequence is the "core" curriculum. During these 10 weeks, participating youths typically attend three 1-hour sessions per week, one session each of skill-streaming, anger-control training, and training in moral reasoning. The ART training manual presents program procedures and the curriculum in detail and is available in both English and Spanish editions. ART has been implemented in school, delinquency, and mental health settings.

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Professional Development Resources and Program Costs

The developer offers two-day teacher training workshops for \$5,000 plus expenses. An unlimited number of participants can attend. Train the trainer is available for \$7,500 and takes three days. The ART book costs \$24. Training videos, which may be employed in conjunction with or independent of the workshops, are also available. These videos concretely

illustrate the procedures and management of trainee resistance. The cost of staff time was identified as the program's greatest expense. However, it was recommended that six teachers each give one hour a week in order to spread the responsibility. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers rated this program highly for its ability to articulate clear and achievable goals and stated that it was reasonable to expect the goals to be achieved in traditional academic settings. Reviewers noted that the goals were appropriate to the target audience and that they readily addressed the appropriate risk and protective factors. Reviewers found congruence between the level of program effort (intensity, duration) and the identified goals and expected outcomes. The rationale for this program demonstrated a foundation in substantial research and literature and highlighted the need for a program of this type.

EVIDENCE OF EFFICACY

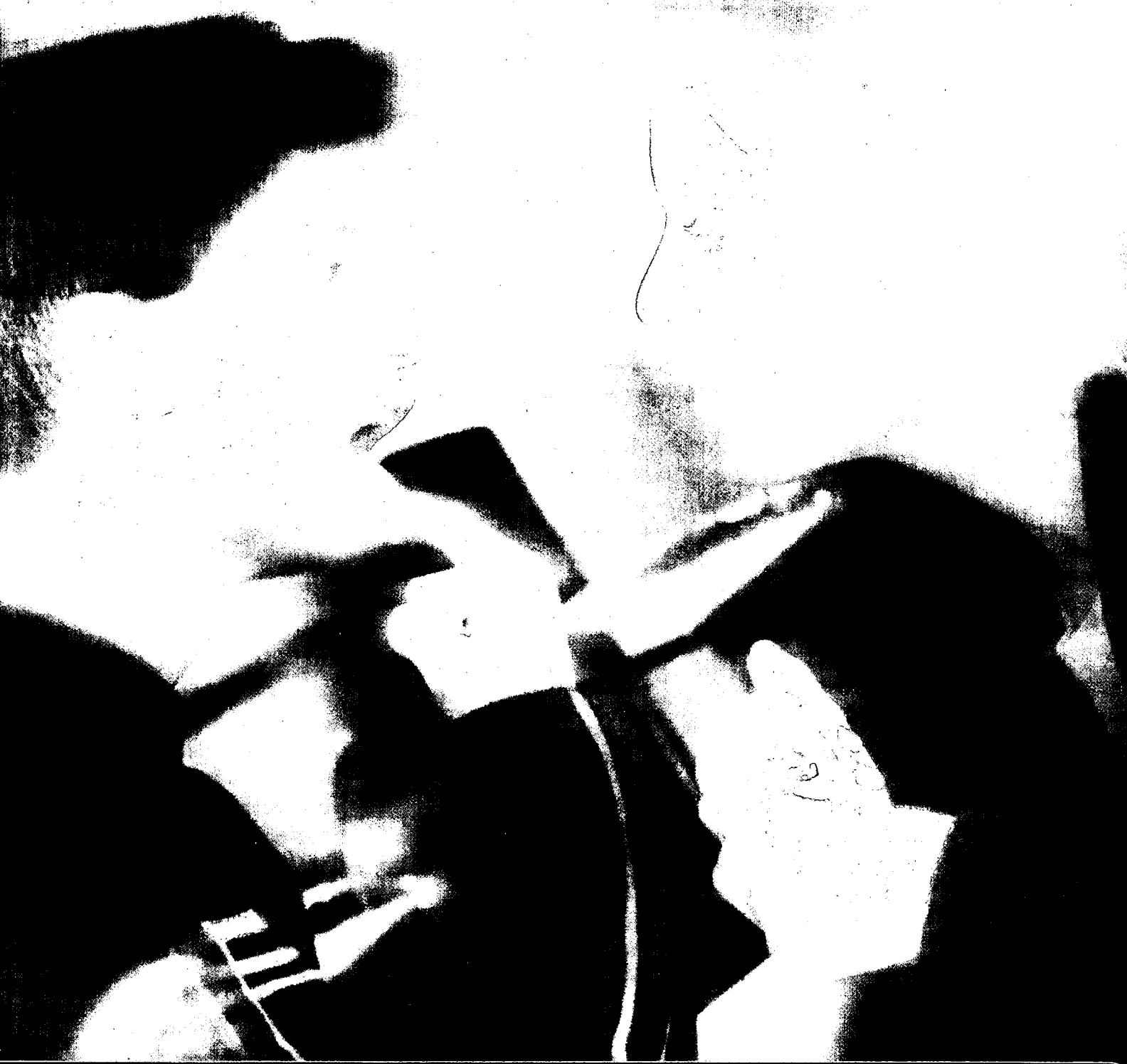
Reviewers found that the ART program presented a summary of numerous evaluation studies supportive of its claims for adjudicated youth and included three other studies for review. Although some of the studies were comprehensive and used acceptable evaluation designs, psychometrics, and data analysis techniques, reviewers concluded that the program did not provide an evaluation that demonstrated an effect on substance use, violent behavior, or other conduct problems one year or longer beyond baseline. They ascertained that only one study used a behavioral measure—that is, a three-month follow-up rearrest rate—and agreed that there was sufficient evidence of a statistically significant short-term positive outcome related to recidivism. Reviewers noted mixed evaluation results, but cited some positive effects on decreasing anger levels in response to minor anger-provoking situations and increasing pro-social skills and social skills knowledge.

The evaluation study of recidivism rates followed 65 youths on a post-release basis while youths were living in the community and, with few exceptions, returning to school. The study was a three-way comparison of ART provided directly to 13 youths plus the youths' parents or other family members, vs. ART provided to 20 youths only, vs. a no-ART control group comprising 32 youths. For the most part, participating youths were assigned to project conditions on a random basis, with departures from randomization becoming necessary on occasion as a function of the multisite, time-extended nature of the project. Rearrest rates were tracked during the three months in which youths in the two intervention groups received the ART program and during the three subsequent no-ART months. Meaningful differences in favor of the two intervention groups were found. Youths in both of the ART groups were rearrested less than were youths not receiving ART; and the ART youths-plus-family-members group did better than the ART youths-only group. A similar study of 38 gang members in an ART intervention group and 27 gang members in a comparison group demonstrated a statistically significant decrease in the rearrest rate in favor of the ART intervention group.

FOR FURTHER INFORMATION

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PROMISING PROGRAM

*Aggressors, Victims, and
Bystanders: Thinking and
Acting to Prevent Violence*

AGGRESSORS, VICTIMS, AND BYSTANDERS: THINKING AND ACTING TO PREVENT VIOLENCE

Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence (AVB) is a 12-session curriculum designed for use with youths in grades six to nine. AVB aims to prevent or reduce violence by altering patterns of thought and action that lead individuals to become involved in violence as either aggressors, victims, or bystanders. The program's overarching goal is to encourage young people to examine their roles as aggressors, victims, and bystanders and help them develop problem-solving skills and new ways of thinking about how they might respond to conflict in each of these roles. AVB integrates a public health approach to primary prevention with behavioral science research on the social-cognitive foundations of violence.

A range of external and internal factors influences aggression during childhood. Many social experiences that contribute to a child's risk profile for violence have been identified. Similarly, many internal resources that a child acquires can play a pivotal role in determining whether these social experiences will be translated into violent behavior. AVB teaches that the key to preventing violent behavior is learned cognitive patterns that mediate aggressive behavior. Psychological research on children's social-cognitive development recognizes that violence is a socially learned phenomenon.

Twelve classroom sessions deal with violence among peers and the separate but interrelated roles of aggressors, victims, and bystanders that youths play in potentially violent situations. Each session is to be delivered no more than one week after the previous one. The backbone of the curriculum is the four-step, think-first model of conflict resolution. The model helps students pause and keep cool, understand what is going on before jumping to conclusions, define their problems and goals in ways that will not lead to fights, and generate positive solutions. Each of the 12 classroom sessions includes an agenda, student objectives, points to keep in mind, teacher preparation, procedures, homework, and teacher background information. Many lessons include additional artistic and creative activities to supplement the core material.

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Professional Development Resources and Program Costs

Program developers provide train the trainer and teacher-training events for the AVB program. Training fees vary and are negotiated directly between the school and the trainer. Technical assistance for AVB is available through a toll-free telephone number. One copy of the AVB curriculum (materials for each

of the classroom sessions) costs \$59.95. This amount includes lesson plans, reproducible student handouts, and transparencies. Photocopied handouts for students add to the cost. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers rated the program very highly for the clear correlation between its rationale and its purpose. By focusing not just on the aggressor, but also on the victim and the bystander, the program broadened the critical role of each, according to reviewers. The program was also found to promote active engagement with realistic scenarios, enabling students to develop real problem-solving skills and a new way of thinking rather than reacting in situations that could escalate to violence.

EVIDENCE OF EFFICACY

Reviewers found that the program provided a good example of an empirically designed and rigorously evaluated school-based intervention for antisocial behavior. The study used random assignments by classroom and existent measures with psychometric data. The intervention study was conducted with 237 students in 23 classes in a large urban school district. Although results were mixed, reviewers reported in the treatment group a statistically significant behavioral change that consisted of a decrease in passive bystander behavior during fight initiation. Regarding changes in risk and protective factors, the program showed generally positive, although not necessarily statistically significant, results in improving social problem-solving skills, decreasing preference for physical and verbal aggression as a problem-solving strategy, and decreasing support for aggression through bystander acceptance. The outcomes approximate the perceived norms regarding drug use and violence.

The study used a pre-post comparison group design with 188 students in grades six to eight from three schools in the treatment group and 49 students in grades six to eight from three schools in the no-treatment control group. The program reported the following statistically significant student outcomes in favor of the treatment group: 1) a decrease in acceptance of the belief that violence is OK; 2) a decrease in intent to respond or engage in physical aggression when faced with conflict; 3) an increase in intent to seek more information in response to conflict; 4) an increase in intent to avoid further interaction in response to conflict; and 5) a decrease in self-reported bystander behavior supporting violence.

FOR FURTHER INFORMATION

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PROMISING PROGRAM

*Al's Pals:
Kids Making
Healthy Choices*

AL'S PALS: KIDS MAKING HEALTHY CHOICES

Al's Pals: Kids Making Healthy Choices is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Al's Pals: Kids Making Healthy Choices is an early-childhood prevention program designed to promote social and emotional competence in children ages 3 to 8. The goals of the program are 1) to promote the protective factor of social and emotional competence in young children and 2) to decrease the risk factor of early and persistent aggression or antisocial behavior.

Al's Pals is based on the premise that intervening systematically in children's lives during their early years, when they are first forming patterns of behaviors and attitudes, the likelihood that they will later develop aggressive, antisocial, or violent behavior is reduced. The program is based heavily on resiliency research as a framework for the development of an intervention.

This resiliency-based prevention curriculum is designed for delivery by trained teachers. To teach children specific social skills, the lessons utilize a wide range of teaching tools, including guided creative play, brainstorming, puppetry, original songs, and color photographs. Al's Pals consists of 46 lessons, which are delivered two lessons per week over 23 weeks. It is ideal to deliver the program during circle time or in an open reading area. The lessons last 15 to 20 minutes each and typically consist of two or three activities. Fourteen of the lessons have letters and activities for parents. Optional follow-up activities can be incorporated later in the school day. Tools and techniques are included for teachers to integrate the concepts throughout the day.

A curriculum kit is distributed at the training and contains the teacher's manuals, puppets, audiotapes or CDs, parent letters, and other materials needed to implement the program.

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Professional Development Resources and Program Costs

Teacher training lasts two days and prepares teachers to strengthen the ability of children to handle a variety of situations and to foster a caring, cooperative classroom environment. The training and the curriculum kits are sold together and cost \$1,095 per class when taught by both a teacher and an instructional assistant. If there is just one teacher in the classroom, the cost is \$845 per class. The kit contains few

consumable materials; therefore, the cost per child is estimated to be about \$10. Each kit includes 46-lesson manuals, puppets, audiotapes or CDs, parent letters, songbooks, school-to-home message pads, and a puppet house. Training is delivered to up to 30 participants and can be on-site. Travel expenses are additional. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers noted that this program identified clear goals based on a strong theoretical foundation in resiliency research. The reviewers also found the program content, materials, and expectations to be well matched to the intended audience. They stated that the program actively engaged the population by using a wide variety of teaching tools, strategies, and reinforcement activities.

EVIDENCE OF EFFICACY

Reviewers reported that the evaluation of Al's Pals was comprehensive, addressed research issues on multiple levels, and showed many strengths. They affirmed that the program merited recognition for its solid effort to perform an intense program evaluation, even though it had not demonstrated statistically significant results in all areas and had some attrition-related validity issues. The program presented numerous evaluation studies, with a subset of the evaluations that were true experimental designs.

Most evaluation studies used quasi-experimental or experimental pre-post test designs with random assignments at the classroom or school level to assess program effects on child behavior. They used a project-developed survey with adequate psychometric properties and other published behavioral scales. Reviewers found that strong and appropriate data analysis procedures were used at the individual level to test the effectiveness of the program, with generally statistically significant and positive effects noted. Statistically significant outcomes across the studies included greater gains in social-emotional competence in favor of the treatment groups, comprising 3- and 4-year-old children or students in kindergarten through second grade, as measured by teacher ratings on child behavior, social interaction, and coping scales. Pre-post testing periods ranged from five to seven months.

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PROMISING PROGRAM

All Stars (Core Program)

ALL STARS (CORE PROGRAM)

All Stars (Core Program) is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

All Stars (Core Program) is a universal prevention program for sixth- or seventh-grade students with a one-year booster. However, scheduled one-on-one meetings that are part of the program are adapted to meet the needs of specific subgroups of students, notably social isolates, who are at increased risk for drug use. The goal of the program is to prevent substance use and other high-risk behaviors by changing risk and protective factors that statistically account for the emergence of the behavior. Specific objectives are to increase students' beliefs about peer norms, so that they consider abstinence from drug use to be normal, acceptable, and expected by peers; to heighten students' perceptions that substance use and abuse and other high-risk behaviors will interfere with their preferred lifestyles; to increase students' personal commitment to avoid drug use and other problem behaviors; to increase the degree to which students are bonded to positive friendship groups and socially attached to the school; and to increase opportunities for positive parental attentiveness.

The program is based on research originally conducted for the Adolescent Alcohol Prevention Trial and the Midwest Prevention Project. This research concluded that normative education for students (where they learn about acceptable social norms and about peer use of alcohol and substances, which was less than they might believe) was a more effective strategy than resistance skill training (in which students learn how to avoid negative peer pressure and other forms of social pressure). The core concepts that ground the program are pro-social ideals, group norms and normative beliefs, pro-social bonding, commitment, and parental attentiveness.

Small groups, games, and class discussions form the curriculum of the program. Thirteen regular sessions are 45 minutes long each. Instructors meet with students one-on-one, two or three times a semester. There are also two small-group meetings with peer leaders, eight regular booster sessions, and one one-on-one booster session. A program manual functions as a "cookbook" for the instructor. Consumable program materials are also included and contain worksheets and certificate templates. In addition to regular sessions, All Stars includes infusion lessons for other teachers to use throughout the school. Program materials have been customized for delivery in three different venues: in schools with regular teachers, in schools with representatives of outside agencies as teachers, and in community centers with adult leaders.

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Professional Development Resources and Program Costs

Teacher training is available for this program. Training consists of a two-day workshop with continuing access to trainers for technical assistance. Program costs for All Stars are as follows. A program manual, which includes reusable props needed to implement the program, costs \$165; essential consumable student materials packaged for classes of 25 cost \$175 (\$7 per student) and include worksheets, computer disks, and an

audio CD (for parents). There is also a \$20 Wal-Mart gift certificate for purchasing extra supplies. Booster sessions are additional. Training costs are \$250 per individual or \$3,000 for a group of up to 20. These costs do not include materials, transportation, or incidental expenses. A current list of prices is available on the Web site.

PROGRAM QUALITY

Reviewers found goals for All Stars clearly stated with measurable, appropriate objectives. The goals were also found to be in keeping with the risk and protective factors. Reviewers were impressed with the data-driven research that formed the basis of this program. Targeting specific pro-social ideals resulted in the attainment of program objectives.

EVIDENCE OF EFFICACY

Reviewers concluded that All Stars provided relevant evidence of efficacy based on a methodologically sound evaluation, which used reliable and valid measures and appropriate data analyses. They noted that the program was young and that the results were short term and marginally significant. However, they agreed that the program demonstrated promising positive impacts, primarily cognitive risk and protective factors.

The All Stars evaluation included a pre-post, quasi-experimental design; a pre-post, randomized group design with four comparison groups; and a pre-post, follow-up randomized group design with three comparison groups. The quasi-experimental study compared All Stars with another prevention program and reported statistically significant results in favor of All Stars seventh-grade students on four risk and protective factors (i.e., intentions, lifestyle incongruence, school attachment, and normative beliefs). The randomized study demonstrated that the normative belief component of All Stars reduced the prevalence of alcohol use and abuse, cigarette smoking, and marijuana use by eighth-grade All Stars students to a statistically significant degree. The follow-up study showed that the All Stars program produced statistically significant short-term reductions in sexual activity among sixth- and seventh-grade All Stars students. Results also showed that the program was implemented more successfully by classroom teachers than by specialists, with statistically significant effects reported for decreases in drug use and increases in school bonding and the strength of commitment for the classroom teacher group.

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PROMISING PROGRAM

*Caring School
Community Program*

CARING SCHOOL COMMUNITY PROGRAM

The Caring School Community Program is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Caring School Community Program (formerly the Child Development Project) is a universal, preventive intervention program for elementary schools. A unique aspect of the Caring School Community Program is its comprehensive, ecological approach to intervention that is designed to influence all aspects of the school—its curriculum, pedagogy, organization, management, and climate. In effect, when the Caring School Community Program is fully implemented, schooling is the preventive intervention. The central goal of the Caring School Community Program is to help schools become “caring communities of learners,” where there is an environment of caring, supportive, and collaborative relationships.

The Caring School Community Program is based on the assumption that prevention efforts are most effective when they occur early in development, before maladaptive patterns of behavior have stabilized into mutually reinforcing systems. The program emphasizes the promotion of positive development among all children and youths rather than the prevention of disorder among those deemed at risk.

This whole-school program consists of an intensive classroom component, a schoolwide component, and a family involvement component. The program components are based on these four interrelated actions:

1) build stable, warm, and supportive relationships; 2) attend to the social and ethical dimensions of learning; 3) teach to the active mind; and 4) honor intrinsic motivation. Consistent with these four acts, the classroom component contains three major elements: cooperative learning, a literature-based reading and language arts curriculum, and developmental discipline.

Replication of the program requires all Caring School Community Program curricular materials and a program of staff development spanning three or more years. Program materials include teacher's guides for books in the reading curriculum, a student activity book, a book of anecdotal stories about other program teachers, and a video on the language arts curriculum. Additionally, teacher's guides for building community in the classroom and for implementing a “buddies” program, a guide to creating community in schools, and a family activity book are each accompanied by a video.

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Professional Development Resources and Program Costs

Costs described are for the streamlined version of the program. A two-day “summer institute” prior to the beginning of each school year costs \$4,000. The staff development program also includes a train the trainer component for \$6,000 for the

three-day workshop. Materials, including teacher's guides, a student activity book, and a language arts video, cost \$1,500 to \$2,000 per school. (Current costs need to be verified with the program.)

Because of the complexity of the original Child Development Project, a new highly streamlined, lower-cost version is now available. This version involves four components of the program: class meetings, schoolwide community-building activities, cross-age buddies program, and parent involvement activities.

PROGRAM QUALITY

Reviewers found that the goals of this program reflected the ideal of education: to create caring communities of active learners. They noted that the goals were achievable by way of instilling the four interrelated principles. The rationale for the program, including the literature cited, was clearly and highly rated by the reviewers. They highlighted the fact that school connectedness, a major part of the program, was considered by researchers to be a protective factor. Reviewers found the materials appropriate for diverse cultures, classes, and age groups.

EVIDENCE OF EFFICACY

Reviewers found that the project provided complete information about the efficacy of the multisite demonstration trial implemented during the 1991–92 and 1994–95 school years. They agreed that the evaluation results demonstrated numerous statistically significant findings that were sustained beyond one year, but added that the results were demonstrated with the five high-implementation schools and their matched counterparts, a subset of the intervention group. Depending on the analysis, 52 percent to 93 percent of the outcome variables showed statistically significant effects favoring students in the program, with no effects favoring the matched comparison schools. Positive findings were on outcomes measuring alcohol and marijuana use, delinquent behavior, and pro-social behaviors such as intrinsic academic motivation, task orientation toward learning, commitment to democratic values, acceptance of “out” groups, conflict resolution skills, and concern for others.

Reviewers noted that the evaluation studies presented results primarily from one major, multisite study, which used a pre-post, cohort-sequential, matched-comparison, quasi-experimental evaluation design. Schools were randomized to program and comparison conditions and matched on important demographic characteristics, with 12 intervention and 12 comparison schools. Reviewers concluded that attrition was remarkably low for both conditions; however, they found that accretion was a problem because there was a 6 percent increase in subjects in both the program and the comparison groups due to new students or parents finally giving their consent for project participation. The project used author-developed, reliable, and valid questionnaires for students and teachers. The project trained observers to conduct unannounced visits to the teachers. Appropriate data analysis techniques were employed, and interpretations of results appeared to be justified and within the limits of the data.

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PROMISING PROGRAM

Community of Caring

COMMUNITY OF CARING

Community of Caring is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The primary focus of the Community of Caring (CoC) program is to strengthen the decision-making skills that young people need to avoid the destructive behaviors that lead to early sexual involvement, teen pregnancy, substance abuse, delinquent behavior, and dropping out of school. This program was initially developed for secondary schools and has now expanded into a full K–12 character education program.

At the heart of the program are the following: caring, respect, responsibility, trust, and family. The program focuses primarily on moral literacy and moral ecology. CoC is an all-embracing program with eight essential components: training and support, a facilitator, a coordinating committee, a comprehensive action plan, values across the curriculum, student forums, family and community involvement, and community service. Each component has its own distinct role and accompanying materials. All components work together to structure the social climate to provide positive life experiences for young people.

A program guide called *How to Create a Community Caring School* describes detailed steps to implement the program. The facilitator or lead teacher spends 184 hours coordinating the program and helping a school teach the core values through the following components: 1) student forums, which are one-day workshops for up to 150 students and adults to discuss problems that teens face and to identify solutions; 2) service-learning projects for students; and 3) a family involvement piece that encourages parents to become engaged in schools through a list of possible activities. The coordinating committee, appointed by the principal and the lead teacher, plans the CoC program for its school by developing the action plan. A teacher's guide titled *Understanding Your Sexuality and Your Choices* is available for the implementation of an abstinence-based sexuality program in secondary schools. This part of the program is a 14-lesson curriculum delivered during regular classroom periods.

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Professional Development Resources and Program Costs

The program costs \$6,250 to \$8,250 per year for 1,000 students in a secondary school and \$4,000 to \$5,500 per year for 500 elementary school students. Training costs \$7,500 for up to 100 participants. Training to implement this program involves an intensive two-day introduction to the CoC program. Ideally,

the entire faculty should receive training. Schools are asked to bring a minimum of 15 participants. A single training can accommodate 75 to 100 participants, representing up to five or six schools. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the goals for this program explicit, specific, and measurable; they viewed CoC's focus on strengthening the community's value system as a strong feature of the program. The program was found to have the necessary components to achieve the productive involvement of schools, families, administrators, and other community members. The program's rationale for moral literacy and moral ecology was clearly stated and explained, so reviewers were able to identify the relationship between the rationale and achievement of the program's goals. Reviewers also noted that the program effectively engaged the intended populations.

EVIDENCE OF EFFICACY

The program's evaluation design and methodology met most of the criteria for demonstrating evidence of efficacy, although reviewers noted the lack of sufficient information to assess adequately the study's attrition rate, sampling methods, and statistical and clinical significance. The program presented data from one evaluation study using a pre-post comparison group design. Standardized effect scores were used to demonstrate the statistical significance of the study's impact, and effect sizes for program outcomes ranged from 20 to 79 (small to medium impact) across the three school districts participating in the study.

The three-year study consisted of 1,777 ninth-grade students in three school systems across the country, representing diverse ethnic, cultural, and socioeconomic backgrounds. The intervention group consisted of 852 students, and the comparison group consisted of 925 students from the same three school systems. In each school system, a cohort of ninth-grade students was monitored for two years, from fall 1988 through spring 1990. Complete data surveys were obtained for approximately 877 students for both 1988 and 1990, a 49.4 percent rate that the program reported as comparable to the attrition rates for other reputed national studies of school-based primary prevention programs. Positive results in favor of the intervention group included gains in knowledge of the risks and consequences related to early sexual activity and other high-risk behaviors; increases in positive attitudes toward sexual and substance abstinence; the value of school and family relationships; lower rates of pregnancies, smoking, drinking, and disciplinary actions; and gains in grade point averages, school attendance, and enrollment status. The program also reported that students considered at higher risk than their peers for early pregnancy and substance use were, after the program, more likely to postpone sexual activity until after high school and less likely to use alcohol or tobacco.

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PROMISING PROGRAM

Creating Lasting Family Connections

CREATING LASTING FAMILY CONNECTIONS

Creating Lasting Family Connections is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Creating Lasting Family Connections (CLFC) is designed to engage communities, families, and youths in a multicomponent prevention strategy that enhances the resiliency factors already exhibited by families and the community where they live and develops new resiliency factors. The goals of the program are to increase these resiliency and protective factors to reduce the likelihood that youths will use alcohol and other drugs (AOD) and to reduce the incidence and prevalence of AOD use among youths and their families. CLFC is designed for implementing with youths ages 11 to 17 and their families.

The program builds upon the strengths of youths instead of working to reduce their deficits (risk factors). Some risk factors, such as the socioeconomic status of participants, are difficult to change. Therefore, the focus of CLFC is on enhancing the conditions and experiences that appear to protect youths from initiating AOD use regardless of genetic, socioeconomic, and other risk factors. Experience has shown that resilient youths can avoid drug use, even when multiple and severe risk factors are present.

Materials for the program include three parent-training modules and three youth-training modules. Each of the parent-training modules lasts five to six weeks, for two and a half hours per week. The modules use discussion and skill-building on three topics: developing positive parental influences, raising resilient youths, and enhancing personal communication. The youth-training modules last five to six weeks each, for one and a half to two hours per session. They teach the following topics through discussion, lecture, and interactive activities: developing a positive response to alcohol and drug issues, developing independence and responsibility, and enhancing communication skills. Optional communication sessions bring together parents and youths for two or three additional meetings. Role-play activities demonstrate the skills learned by both groups.

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Professional Development Resources and Program Costs

This program can be implemented at different levels of complexity. The developer offers a train the trainer workshop for potential trainers of the CLFC curriculum. This training occurs over either a five-day or a 10-day period, depending on the experience level of the participants. A five-day training is \$750 per participant; a

10-day session is \$1,500. The cost of the curriculum kit is \$1,224, which includes manuals and notebooks for youths and parents. Minimum staffing is two to four trainers. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers praised the program's logic model and found excellent specificity in its goals. The goals clearly identified the behavioral changes that the program attempted to achieve. Reviewers stated that the goals constituted a worthy conceptual approach to prevention, linking a focus on resiliency and protective-factor interventions directly with AOD use. Research findings and literature on youth prevention were well used, and extensive documentation provided a sound theoretical foundation for the program. The reviewers identified a strong congruence between the multiple-component activities and promoting resiliency in family and community settings. These activities also promoted effective interactions among the members of a diverse community of students and families.

EVIDENCE OF EFFICACY

Reviewers found that CLFC used a complex evaluation to assess the impact of a multifaceted program. They agreed that the approach and accompanying evaluation in all three of the identified domains of community, family, and youths made the results from the ongoing evaluation important. The evaluation demonstrated relevant evidence of efficacy with some positive findings related to substance use and parental reports of a decrease in alcohol use and delayed AOD use.

The outcome evaluation used multiple methods and evaluation designs to test hypotheses about the expected effects of the program on the three domains of resiliency (community, family, and youth) and the use of AOD among high-risk youths. Both quantitative and qualitative data were collected. Data analysis examined both the direct and the moderating effects of the program for six- to seven-month short-term gains and one-year sustained gains. Results demonstrated positive direct effects, moderating effects on family and youth resiliency, and moderating and mediating effects on AOD use among youths. Statistically significant outcomes in favor of the treatment group included increases in parents' AOD knowledge, the involvement of their sons or daughters in setting AOD rules, and the use of community services for families. The program also led to greater use of community services by program youths, delays in the onset of AOD use, and decreases in the frequency of AOD use. These outcomes occurred under certain conditions—namely, changes in parent-level and youth-level resiliency factors addressed by the program.

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PROMISING PROGRAM

*Facing History
and Ourselves*

FACING HISTORY AND OURSELVES

Facing History and Ourselves is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Facing History and Ourselves (FHAO) engages seventh- to twelfth-grade students of diverse backgrounds in an examination of the historical roots of racism, prejudice, and anti-Semitism. The lessons encourage the development of individual competencies that will lead to responsible participation in a democratic society. The program works to prevent violence and reduce intolerance among young people as they learn to balance self-interest with a genuine interest in the welfare of others.

The program identifies the cultural roots of racism, anti-Semitism, bigotry, and hatred. It resensitizes youths to violence while highlighting examples of individuals who have made a positive difference. The conceptual framework of FHAO focuses attention on the capacities of youths to understand the effect of racial and ethnic differences in their relationships; to engage in positive peer relationships with people who have perspectives and backgrounds different from their own; and to make increasingly mature connections between FHAO materials and their own motivations for engaging with others who are different from themselves.

The program is designed for implementation as a complete unit within a junior or senior high school social studies, history, English, art, or interdisciplinary course. A typical unit is a 10-week or semester-long course that begins with reflection, moves to judgment, and ends with participation. Teachers use inquiry, analysis, and interpretation to create a new course or to enrich an existing course with FHAO materials. Through journal writing, small-group work, films, guest speakers, and traditional reading and discussion sessions, students learn to look for alternatives to violent behavior. The program materials enable students to study the complex steps and decisions that can contribute to gradual dehumanization.

FHAO provides resource books for educators and students that can be adapted for different levels and disciplines. FHAO strongly suggests that a team of teachers (preferably in English and history), a school administrator, and a school librarian work together to implement the program.

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Professional Development Resources and Program Costs

FHAO provides flexible educator training tailored to each setting, student population, and community. Educators may attend a one- to two-day introductory workshop (\$150) or a weeklong institute (\$575). Local in-service expenses include \$600 per day for a program associate (plus any travel and lodging expenses)

and \$15 per participant for materials. Classroom sets of resource books cost \$15 per book for 10 or more. Video materials and other resources are loaned without charge to FHAO educators. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers noted that the course content was well defined and age appropriate for the designated populations. Also, teachers were able to select materials that were appropriate for their particular classroom, which promoted effective interaction among diverse groups of students. The program processes actively engaged students in multiple learning strategies and provided ample opportunities to practice their skills in real-world situations. According to reviewers, the implementation design for this program, which called for pre- and in-service training and technical assistance, was excellent. Institutes and follow-up activities, as well as numerous resources for teachers, were available.

EVIDENCE OF EFFICACY

Reviewers found that the evaluation of FHAO used a strong, quasi-experimental design with adequate controls for internal validity and appropriate statistical analysis. Although the evaluation lacked a follow-up study at one or two years, there was a positive finding of a strong trend in the reduction in self-reported fighting and positive effects related to risk and protective factors; this trend bolstered both the efficacy of the program and the validity of the underlying theoretical base. Reviewers noted that the evaluation was conducted with eighth-grade students only.

The evaluation study used a pre-post comparison group design with 246 eighth-grade students from 14 classes at four school sites in the intervention group and 163 eighth-grade students from eight classes at five school sites in the same community in the comparison group. Measures included a social competencies measure and a racism scale. Students in the intervention group demonstrated, to a statistically significant degree, a greater decrease in racism and a greater increase in social competencies than did the comparison group.

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PROMISING PROGRAM

Growing Healthy

GROWING HEALTHY

Growing Healthy is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Growing Healthy is a comprehensive health education curriculum for students in K–6. Growing Healthy's extensive program goals are related to numerous life skills and physical health. The program teaches children several core elements that help them resist social pressures to smoke and to use alcohol and other drugs. These core elements include a fundamental knowledge of the biology of the human body; principles of health and illness; and an understanding of health in the larger family, community, and even national context.

The curriculum rests on the premise that if children understand how their bodies work and appreciate a range of factors—biological, social, and environmental—that affect their health, they will be more likely to establish good habits during this formative period.

Growing Healthy is a sequential, health education program that transcends the traditional hygiene- and disease-focused approaches. It stresses personal health habits and values, self-esteem, and decision-making skills. Growing Healthy is intended to be integrated with other curriculum areas such as science, reading, writing, mathematics, social studies, music, and art. The program meets the seven standards and performance indicators set forth in the National Health Education Standards.

The curriculum guide consists of 43 to 51 lessons per grade level, and each grade level is divided into six phases. Sessions are 45 minutes long. The curriculum can be taught several ways: two or three times per week through the academic year, several times per week for one semester, and fully integrated across subject areas. Full implementation of all phases of Growing Healthy requires approximately 50 hours of classroom instruction.

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Professional Development Resources and Program Costs

Three to five days of teacher training are required and occur locally. (Growing Healthy has a Master Training Program that prepares "Masters" to train the teachers and trainers at the state and local levels.) Technical assistance is also available for teachers and facilitators. Teacher training is approximately \$130 per participant.

Curriculum guides with black-line masters cost \$174.95 for each grade level. Ready-made posters and charts range from \$39.95 to \$56.95, depending on grade level. Peripheral materials range from \$850 to \$2,650, depending on grade level, and may include videos, anatomical models, books, games, and a wide variety of hands-on items used to discover and explore health concepts. The cost of a grade-level CD-Rom is \$120 per teacher. (Current costs need to be verified with the program.)

PROGRAM QUALITY

This program received high marks for its clear goals, solid rationale, and appropriate materials. It was praised for its systemic approach to teaching health through the 10 content areas recommended by the Centers for Disease Control and Prevention. Materials were also rated highly for being linguistically and culturally appropriate.

EVIDENCE OF EFFICACY

Reviewers found that the evaluation of Growing Healthy was a thorough and complete assessment of the program effects for the stated outcomes. They noted that Growing Healthy provided excellent reporting of the reliability of the project-developed measures and used appropriate data analysis methods, particularly to control for pre-test differences. Positive effects in favor of Growing Healthy participants were evident in the areas of overall health knowledge, attitudes, and practices. In the two-year study, reviewers found evidence of a positive effect on behavior—namely, statistically significant lower levels of self-reported incidences of smoking among seventh-grade program participants.

Evidence was presented from two quasi-experimental studies to assess outcomes for this comprehensive health education program with strands related to drug abuse and violence. The two-year study used a pre-post, comparison group design with 1,071 classrooms, including 30,000 students in grades four to seven from 74 school districts in 20 states during the 1982–83 and 1983–84 school years. The treatment group consisted of 688 classrooms. The students were taught either the Growing Healthy curriculum or one of three other health education curricula. The comparison group consisted of 383 classrooms that received no health education. The 10-year longitudinal study used a post-test-only, comparison group design with 600 students from two suburban school districts, who were retested in first, second, third, fifth, sixth, and seventh grades, and also in grades nine through 12.

Growing Healthy students exhibited statistically significant outcomes in the two-year study, including greater knowledge about health, more positive attitudes about good health practices, and more negative attitudes toward smoking than did students in a traditional health course comparison group. In the 10-year study, Growing Healthy students demonstrated statistically significant lower levels of experimentation with alcohol, tobacco, and other drugs as high school students than did comparison group students.

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PROMISING PROGRAM

I Can Problem-Solve

I CAN PROBLEM-SOLVE

I Can Problem-Solve is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

I Can Problem-Solve (ICPS), originally called Interpersonal Cognitive Problem-Solving, is a primary prevention curriculum that offers teachers and parents concrete skills for helping children ages 4 to 7 learn to resolve typical, everyday interpersonal problems. This school-based program is designed to teach children how to think, not what to think.

Research has clearly documented that beginning as early as preschool and escalating in the middle childhood years, antisocial behaviors, poor impulse control, poor peer relations, and a lack of empathy are high-risk predictors of subsequent delinquency and substance abuse, two highly correlated outcomes. The rationale behind ICPS is based on the hypothesis that an individual who becomes preoccupied with the goal of a motivated act rather than with how to obtain it, or does not consider the consequences and possibility of alternative routes to the goal, is an individual who may make impulsive mistakes, become frustrated or aggressive, or avoid the problem entirely by withdrawing.

Program materials include separate manuals for preschool and for kindergarten and primary grades. The program begins with sequenced games and dialogues to teach three levels of language and thinking related to behavior adjustment. The first level teaches basic word concepts that set the stage for later problem-solving; the second level has students focus on their own and others' feelings; and the final level teaches students skills in identifying alternative solutions and thinking about consequences. Lessons are conducted in the classroom three to five times per week by the teachers and last 20 to 40 minutes per day for four months. In preschool, lessons are conducted during story time. Teachers continue to use ICPS skills throughout the day, especially when conflicts arise. Instead of demanding, suggesting, or even explaining to children what they should do and why, children learn to think for themselves to determine what they should and should not do and why.

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Professional Development Resources and Program Costs

Training can follow several models. Some teachers have gone through on-site training for program directors. Others have gone through one- or two-day workshops with classroom visits as follow-up. Still others have been trained so that they can train their colleagues in the next grade level, who can also train their colleagues in subsequent grade levels (up to sixth grade). While negotiable, most trainers charge \$1,000 for a full-day workshop and \$1,500 to \$2,000 for a two-day workshop. Presentations in local schools range from \$250 to \$500, depending on the distance the teacher must travel. Costs are negotiable.

Each teacher and teacher's aide should have her own ICPS teacher's manual. The manuals cost \$39.95 apiece and contain pictures that can be held up, used as overheads, or duplicated for each child to hold and color. The only other materials needed are puppets and storybooks, materials most classrooms already have. Parent trainers need one manual for themselves and one for each participating parent, who then can complete the exercises with his or her child at home. The parent manual, *Raising a Thinking Child Workbook*, costs \$19.95. (Current costs need to be verified with the program.)

PROGRAM QUALITY

According to reviewers, the goals of the program were clearly stated and offered a fine example of a curriculum based on well-grounded research theory. The program was highly rated for its ability to offer a practical approach to help most children learn to evaluate and deal with problems. Reviewers stated that the materials appeared to be free of any cultural or ethnic bias. They also found that the materials and activities encouraged equal participation of all students.

EVIDENCE OF EFFICACY

The evaluation design for this program used quasi-experimental, pre-post, and follow-up test studies, with assignment to groups by classes and establishment of the equivalence of the no-treatment comparison groups. Reviewers noted concerns about the high rates of attrition in the various studies, but determined that the sample sizes remained sufficient for conclusive statistical analysis. They found that the program had addressed risk factors associated with drug use and violence in an indirect way, by demonstrating an impact on problem-solving and, thereby, on social skills and impulsive and aggressive behavior. Reviewers agreed that the overall evaluation had a strong design, instruments, and findings and concluded that the limitations of the studies did not undermine its validity.

Reviewers noted that the comparison studies showed statistically significant findings and some evidence of clinical significance in favor of the treatment group. For example, one study provided evidence that ICPS nursery school and kindergarten children showed statistically significant improvement in solution and consequential skills and were superior to comparison students whether ICPS-trained in nursery only, kindergarten only, or both years. The program reported that the most consistent statistically significant behavioral results were found on ratings by independent observers who had no knowledge of children's behavior in previous years.

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Note: *Raising a Thinking Child* is available directly from the publisher, Research Press, at 1-800-519-2707.



PROMISING PROGRAM

*Let Each One
Teach One
Mentor Program*

LET EACH ONE TEACH ONE MENTOR PROGRAM

Let Each One Teach One Mentor Program is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Let Each One Teach One (LEOTO) Mentor Program is specifically for at-risk, black male adolescents. The goals of the program center on increasing the academic success of students. The program measures its effectiveness by monitoring improved grades, enhanced self-efficacy, improved behavioral conduct, improved self-perceptions, fewer office referrals, fewer suspensions, and improved attendance.

Black youths in America, especially males, have an urgent need for the advancement of strategies and interventions for overcoming obstacles to healthy development and achievement. This program incorporates concepts and instruments for self-efficacy, including modeling—providing a role model mentor to effect changes in academic success. This program and its accompanying study represent the beginning of a research area that empirically addresses whether mentoring enhances academic attainment and success in school for a minority population.

Weekly sessions last 60 minutes. Currently, mentors are brought to the mentee's schools, where they meet from 3 to 4 p.m. The duration of the intervention sessions currently ranges from 16 to 20 weeks. This project has now extended downward to assist elementary students. Mentors are currently multiethnic, with over 85 percent black males and females. Mentors are eligible for community service Book Scholarship awards.

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Professional Development Resources and Program Costs

Training for this program consists of helping skills, self-regulation development, goal setting and monitoring, and strategies for helping with academic areas. Transportation costs (school buses) range from \$400 to \$800 for a 16- to 20-week session, depending on the proximity of the participating schools. Supplies and reinforcements for students who reach set goals (materials needed during the mentoring sessions that are not available

through the schools) range from \$200 to \$300. The cost for the community service Book Scholarship awards ranges from \$2,000 to \$4,000, depending on the number of eligible mentors; donations for these awards are sought. A psychologist coordinates the project two and a half days a week and his or her salary must be factored into the final cost. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The goals for this program were found to be appropriate for the identified population and were effectively designed for a very specific audience. The content of this program was found by reviewers to be strongly focused on the actual relationship between mentor and youth. Supporting research in the submission reflected the importance of this relationship for the target group.

EVIDENCE OF EFFICACY

Reviewers concluded that the evaluation of the LEOTO Mentor Program had many strengths and identified statistically significant treatment effects on teacher ratings of conduct at the immediate post-test, although the research design had a short follow-up post-test period that was less than one year post-baseline. Methodologically sound evaluation components included the use of a quasi-experimental, partially randomized design with a wait-list control group and an at-risk rating scale to select the most high-risk youths. Reviewers found that the design was strong enough to eliminate threats to internal validity when comparing the outcomes of the control group and the two treatment groups and that the three groups were statistically compared on demographic measures as well as outcome measures at pre-test. The evaluation used well-known measures of their constructs of interest and provided three different data sources: teacher, self-report, and official records. Analytic techniques were appropriately matched to the research design and type of data used in the evaluation.

Fifty-five males in sixth through eighth grade participated in the study and comprised two treatment groups and a wait-list control group. Treatment Group 1 received mentoring intervention characterized by support and self-regulation; Treatment Group 2 was characterized solely by support intervention. Students were paired with high-achieving male mentors from two high schools. Treatment dyads occurred on eight consecutive weeks with dependent variables measured prior to the first mentoring session and again after the eighth. Results showed statistically significant effects favoring Treatment Group 1 over the wait-list group on the outcome measures of self-efficacy, grade point average, and teacher conduct ratings. No significant differences were found between Treatment Groups 1 and 2.

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PROMISING PROGRAM

Linking the Interests of Families and Teachers

LINKING THE INTERESTS OF FAMILIES AND TEACHERS

Linking the Interests of Families and Teachers is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Linking the Interests of Families and Teachers (LIFT) is a universal prevention program that targets for change those child and parent behaviors considered most relevant to the development of adolescent delinquent, violent, and related behaviors. Specifically addressed are a child's oppositional, defiant, and socially inept behaviors and a parent's discipline and monitoring behaviors. The three major components of the program are classroom-based child social and problem-solving skills training, playground-based behavior modification, and group-delivered parent training. The program is designed for delivery to first-grade and fifth-grade children and their parents.

LIFT interventions target both children and parents to affect child problem behaviors and parent discipline and monitoring. Elementary school is the first point at which most children enter a service system that includes a broad cross section of the population, and is therefore the ideal setting for providing a population-level intervention relevant to children.

Classroom activities, sometimes in the form of playground activities, occur for one hour, twice a week for 10 weeks. Parents receive training, either after school or in the evenings. Sessions are held for two hours, once a week for six weeks. The entire cycle of program components takes 10 weeks, but communication is fostered throughout the school year. Curricula, instructions to trainers, videotapes, and handouts are available for classroom and parent components.

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Professional Development Resources and Program Costs

Training in leading the parent training and the classroom components ranges from 15 to 30 hours, depending on the experience of the trainer. Playground personnel can be trained in five hours. The major costs for the program can be subsumed within the regular budget of an on-staff school psychologist who is engaged in social skills and parent training. A half-time position

dedicated to LIFT activities is more than sufficient for a broad-based program delivery. Additional costs for LIFT are initial training costs, home visits, child care during parent training, compensation for playground monitors (if necessary), and manuals and videotapes. (Current costs need to be verified with the program.)

PROGRAM QUALITY

LIFT addressed known risk-factor behaviors through carefully researched processes. Reviewers found the program's goal clearly stated and highlighted the program's identification of the elementary school years as the important time to address the development of these behaviors. Reviewers found the literature background provided to be based on a sound theoretical framework. Targeting the three domains of self, family, and school was also found by reviewers to be an effective way to increase protective factors. The parent component was effectively informed by the parents' identification of behaviors they would like addressed, thus initiating buy-in for the parents.

EVIDENCE OF EFFICACY

Reviewers found the LIFT evaluation to be an excellent example of a rigorous, randomized design with multiple sources of confirmatory data. They concluded that the program demonstrated important effects on outcome variables, despite concerns about attrition rates, the lack of reporting of levels of significance in some cases, small effect sizes on some outcomes, and questions about how the program fit into the schools. The evaluation study was a controlled trial of 12 randomly chosen elementary schools located in neighborhoods considered "at risk" for delinquency. The LIFT group comprised all first- or fifth-grade students in six randomly chosen elementary schools. The control group consisted of all first- or fifth-grade students in six randomly chosen elementary schools. Assessment measures included microanalytic observations on the playground, with observers blind to group status; microanalytic observations of family interaction in the laboratory or home setting; a social competence and school adjustment scale; a teacher questionnaire; a child behavior checklist; official police records; and an interview with the child.

The program reported small to large effect sizes, showing that immediately after the intervention, LIFT students in grades one and five decreased their physical aggression toward classmates on the school playground. Also, mothers of LIFT students in grades one and five decreased their negative verbal comments to their children. A small effect size was reported, showing that LIFT students in grades one and five were perceived by teachers as demonstrating more positive social behaviors to other students within the classroom setting one year after the intervention. During the three-year period following the intervention, LIFT students in grade one were statistically significantly less likely to show an increase in the severity of Attention Deficit Hyperactivity Disorder symptomatology as perceived by teachers. The program also used odds ratios to demonstrate that LIFT students in grade five were less likely to be reported by teachers as associating with peers with behavior problems, to be arrested by police, and to report patterned alcohol use or marijuana use during the three-year period after the intervention.

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PROMISING PROGRAM

Lions-Quest Skills for Adolescence

LIONS-QUEST SKILLS FOR ADOLESCENCE

Lions-Quest Skills for Adolescence is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Lions-Quest Skills for Adolescence is a comprehensive youth development program that brings together educators, parents, and members of the community to support the development of life and citizenship skills in young adolescents in grades six to eight. The program comprises five key components that address different aspects of young people's lives: 1) school curriculum, 2) parent involvement, 3) positive school climate, 4) community involvement, and 5) school staff training and follow-up support. The program is school-based and intended for use in a variety of school settings with youths of diverse ethnicity and socioeconomic status.

Skills for Adolescence is based on the rationale that a nurturing environment in which young people can learn critical life skills supports the development of positive behaviors and reduces the risk for problem behaviors, such as violence and substance abuse.

The classroom curriculum consists of 102 skill-building sessions over three years that are offered in 12 configurations and formats, from a minimum implementation model of a nine-week, 40-session mini-course to a maximum implementation model of a multiyear program with all 102 sessions. The 45-minute sessions are recommended for delivery no less often than every other day. Materials for the program include *Skills for Adolescence Teachers' Resource Guide*, *Changes and Challenges Student Book*, *The Surprising Years Parent Book*, and *Supporting Young Adolescents Parent Meeting Guide*. A program evaluation kit provides strategies and tools for conducting a needs assessment and assessing positive youth development. Materials include a lesson design for reviewing specific drugs of concern to local communities that are not part of the core program.

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Professional Development Resources and Program Costs

To ensure successful implementation of Skills for Adolescence, participation in either the two- or the three-day staff development workshop is required for those teaching the program. Follow-up professional development opportunities are offered in the form of workshops that teach "best practices" for instruction in life skills. An extensive, 10-day train the trainer program prepares local personnel to conduct their own staff

development. Toll-free telephone technical support is also available through the developer. In the first year, the cost for Skills for Adolescence is \$450 per teacher, including a two-day pre-service workshop, a grade-specific curriculum set, and student materials for a class of 25. After the first year, the cost is only for additional student materials at a rate of \$5.95 per student. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers rated this program highly for its clear goals and strong rationale. They also noted that the skill-building activities tied in with research and clearly contributed to the attainment of the stated goals. According to reviewers, program content and examples took into consideration the diverse needs of students, and content delivery took into account multiple learning styles.

EVIDENCE OF EFFICACY

Reviewers agreed that Skills for Adolescence reported relevant evidence of efficacy based on a methodologically sound evaluation. They noted that the program used an evaluation design that controlled for pre-test differences and reliable and valid outcome measures. The program presented evidence from two studies.

The first study was a quasi-experimental, pre-post comparison group design using a convenience sample with a random selection of sixth- through eighth-grade classrooms and a comparison group based on teacher judgments of comparability with students in the treatment classrooms. The treatment group consisted of 583 students in 12 schools throughout the country, and the comparison group consisted of 299 students from the same 12 schools. Statistically significant results were demonstrated in favor of the treatment students on the drug use survey and knowledge test measures, including higher levels of perceived risk or harm to the students' health for all substances; lower rates of beer, liquor, and chewing tobacco use; and lower rates of intent to use beer and liquor in the future.

The second study used a quasi-experimental, pre-post comparison group design with the experimental group receiving the program integrated into language arts or social studies classes and the comparison group receiving traditional coursework in the subjects. During the 1993–94 school year, 12 inner-city middle schools provided equivalent research-condition classrooms of seventh-graders, with principals' random assignment of teachers to research groups. In the 1994–95 school year, eighth-graders in 14 inner-city middle schools participated in the study. Year-one findings included statistically significant gains in knowledge and attitudes about ways to deal with peer conflicts and increases in grade point averages in favor of the experimental group. Year-two findings yielded statistically significant results, including reductions in misconduct and gains in knowledge of anger management in favor of the experimental group. Follow-up results showed statistically significant program effects related to maintenance of the suppression of misconduct and knowledge of how to manage peer conflicts.

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PROMISING PROGRAM

Lions-Quest
Working Toward Peace

LIONS-QUEST WORKING TOWARD PEACE

Lions-Quest Working Toward Peace is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Lions-Quest Working Toward Peace (WTP) is a school-based, comprehensive program designed to teach and reinforce a repertoire of anger management and conflict resolution skills. It brings together the school, the family, peers, the community, and the media in a network of support to teach and reinforce anger and conflict management skills. It is specifically designed to address the developmental needs of adolescents ages 10 through 14. The major goals of the program are to help students understand the value of peaceful conflict resolution, to study peaceful role models, and to learn ways to manage anger and resolve conflicts peacefully.

The program comprises five key components: a curriculum for the classroom, a planning guide for safe schools, parent involvement, community involvement, and professional development for implementers. The curriculum has 22 core sessions and a Skills Bank with six basic life-skills sessions. Multidisciplinary extensions link sessions with other related content areas—for example, art, computer technology, drama, health, language arts, math, music, physical education, science, and social studies. The program is structured to change attitudes about how to interact with others, increase students' knowledge about nonviolent techniques, and foster the behaviors that will help young people apply this knowledge. WTP may be implemented as a six-week course taught every day or as a nine-week course taught every other day. Each session lasts 40 to 50 minutes. The *Safe School Planning Guide for School Communities* and the *Working Toward Peace Family Resource Pamphlet* are also part of the program.

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Professional Development Resources and Program Costs

To ensure the successful implementation of WTP, each teacher should attend a one-day workshop. The first year's cost for the program is \$89.95 per teacher (quantity discounts are available). There is an optional one-day training for up to 50 participants

on request. Also available is a five-day train the trainer program. Additional materials are \$3.95 per student. Family resource pamphlets cost \$1.25 each. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the goals for this program explicitly described and able to encompass the appropriate changes in behavior that it expected. The program was found to support its goals with a prevention literature rationale that established a framework for the content and processes used. Reviewers noted that the program linked its goals and activities to a framework built primarily on the fundamental principles of social learning theory.

EVIDENCE OF EFFICACY

The evaluation of the program included random assignment to one of three conditions—Working Toward Peace (WTP), Skills for Adolescence (SFA), or control—in a pre- and post-test design with a multiple post-test in the second year of the evaluation. The evaluation design was replicated in two separate years, and reviewers reported that the second year had the stronger design. Second-year results yielded positive short-term effects in the reduction of misconduct and suspensions for the WTP treatment group. Reviewers concluded that the program provided sufficient evidence of reduction in violent acts and student misconduct, although they raised attrition issues.

The second year of the evaluation study involved 12 to 14 middle schools with 163 students in the WTP group, 151 in the SFA group, and 176 students in the control group. Data related to risk and protective factors were collected using a 25-item instrument measuring knowledge of anger management and teacher reports of student behaviors, such as misconduct and suspensions for fighting. Statistically significant results in favor of the WTP group were found in the second year of the evaluation and included the following outcomes: 1) increase in knowledge about anger management and conflict resolution, 2) decline in violent acts, 3) decrease in misconduct events among students, 4) decrease in aggressive misconduct events, 5) increase in pro-social behavior, 6) reduction in misconduct violations in classrooms taught by high-fidelity teachers, and 7) retention of knowledge of how to deal with anger and resolve disputes.

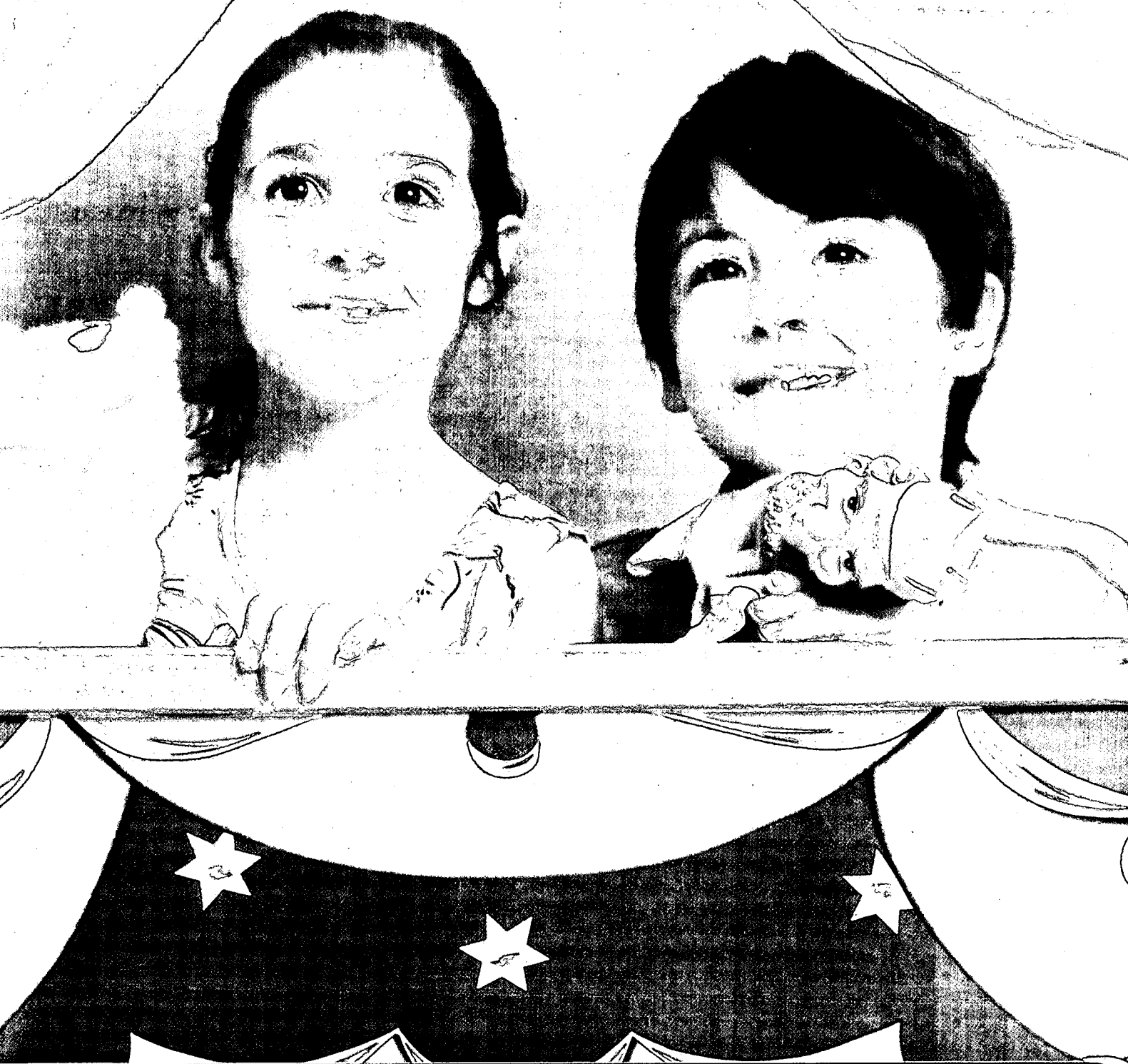
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PROMISING PROGRAM

*Michigan Model
for Comprehensive School
Health Education*

MICHIGAN MODEL FOR COMPREHENSIVE SCHOOL HEALTH EDUCATION

Michigan Model for Comprehensive School Health Education is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Michigan Model for Comprehensive School Health Education (Michigan Model) brings together an array of national, state, and private resources to promote comprehensive school health. The program addresses K–12 students and is designed for implementation as part of the core school curriculum. The goals of the program are to establish a single focus for school-based youth prevention programs; provide a common language and approach for parent, community, and student health programs; and reinforce prevention messages from a variety of sources.

The Michigan Model, based on the traditional 10 health content areas that the Michigan Department of Education established, has been used for decades as the outline for school health programs across the country. These areas are Safety and First Aid Education, Nutrition Education, Family Health, Consumer Health, Community Health, Growth and Development, Substance Use and Abuse, Personal Health Practices, Emotional and Mental Health, and Disease Prevention and Control. The original content was formed by merging three validated school health programs and taking the best from 50 component programs.

The model contains an average of 40 classroom instructional lessons per year; each lesson lasts 30 to 45 minutes depending on grade level. The educational materials include lessons that incorporate knowledge, attitude, and skills-based instruction. The Michigan Model's comprehensive health approach has a building-block format that introduces, fully develops, and then reinforces key health promotion and prevention messages over a period of years. Parent and family involvement pieces are also included as part of student instruction in key content areas.

The Michigan Model is a hands-on and materials-intensive program. Along with curriculum manuals is a series of curriculum content maps that show how key health concepts like substance abuse, safety, and personal health practices are integrated throughout the curriculum.

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Professional Development Resources and Program Costs

The Michigan Model is a skills-based curriculum that requires extensive training of many staff. Teacher training is conducted regionally through a network of 26 Michigan sites and nationally through certified trainers. A paper has been developed to assist schools in understanding the connection between health and learning. Schools may choose from among a variety of training options but must meet a minimum requirement of three days of training in specified content and skills areas.

A five-day training of trainers is offered as needed. Training costs are \$250 for K–6 staff and \$150 for grades seven to 12. These costs cover all instructional manuals and training support materials. The costs of travel and accommodations, however, are not included. The average cost per curriculum manual is \$30 for grades K–6 and \$20 for grades 7–12. The average cost per classroom is \$450. (Current costs need to be verified with the program.)

PROGRAM QUALITY

This program had clear goals related to substance abuse and violence prevention. Reviewers noted that the comprehensive program identified distinct attitudinal and behavioral changes expected with quantifiable outcomes for each year of the program. Reviewers found the rationale for the program to be explicitly stated. The content and processes were also clearly aligned.

EVIDENCE OF EFFICACY

The program used a longitudinal pre-post test, comparison group design with a self-administered survey instrument. Random assignments to experimental and control groups of equal sizes were sought but not achieved in every district. Data were analyzed for 1,911 treatment and comparison group students in grades five through eight. Reviewers found that the program used a strong evaluation design, a survey instrument with good reliability for some measures, and appropriate analytic techniques. They noted that the program discussed and accounted for attrition effects. Reviewers agreed that all results favored the program group, although not all findings were statistically significant for all cohorts. All cohorts had at least one significant positive outcome; the sixth- and seventh-grade cohort demonstrated the largest effects. Many of the statistically significant positive outcomes were shown at the second post-test, which was administered more than one year post-baseline.

Evaluation results, based on 442 treatment and comparison students in grades six and seven, demonstrated that students who participated in the program for two years had a frequency of use of all substances (alcohol, cigarettes, marijuana, cocaine, and other drugs)—with the exception of smokeless tobacco—that was statistically significantly smaller in increase than the frequency of use by comparison students. At the end of seventh grade, program students had increased their rates of substance use less and increased their knowledge of alcohol pressures, effects, and skills to resist more, to a statistically significant degree, than did the comparison students.

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PROMISING PROGRAM

Minnesota Smoking Prevention Program

MINNESOTA SMOKING PREVENTION PROGRAM

The Minnesota Smoking Prevention Program is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Minnesota Smoking Prevention Program (MSPP) is a school-based curriculum designed for students ages 11 to 15. The goals of the program are to prevent students from beginning to use tobacco, to help students stop using tobacco if they have experimented with it, and to help students influence friends and family members not to use tobacco. MSPP is specifically designed to help adolescents in five ways: 1) to learn why people start using tobacco; 2) to discover that nonuse of tobacco is normative behavior; 3) to practice skills for resisting peer pressure to use tobacco; 4) to recognize covert messages in tobacco advertising; and 5) to determine their own personal reasons for not using tobacco. Peer leaders are an essential component of MSPP; they lead many of the activities throughout the six-session curriculum.

MSPP is based on a "social influences" model. This model focuses on those social and psychological factors that have been shown to promote the onset of tobacco use. MSPP activities are designed to address the following social and psychological factors: peer pressure, advertising, and a lack of behavioral skills with which to resist these influences. The rationale behind conducting a smoking prevention program with students in this age group stems from the knowledge that it is best to initiate primary prevention strategies before students start smoking. The rationale behind using peer leaders to lead the group activities is based on the theory that peer influence is the single most important factor in determining when and how students first try cigarettes.

MSPP consists of six developmentally appropriate classroom sessions. Educational strategies include cooperative learning groups, large-group discussions, interviews, role-play, media use, writing reports, and setting goals. Each session is 45 to 50 minutes long, fitting well into a normal class period. In a typical lesson, students may participate in a small peer-led group discussion, analyze mock social situations and identify influences to use tobacco, practice resistance skills, participate in role-plays, create anti-tobacco advertisements, or make personal public commitments to establish their intention not to use. A facilitator's manual contains detailed instructions for each session. Transparencies and handouts are included. Peer leaders undergo a 30-minute training session conducted by the teacher. The group leader guide is written specifically for these students and is geared to make their experience successful.

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Professional Development Resources and Program Costs

The cost of an MSPP kit is \$148. Kits include a facilitator's manual, a poster, five group leader guides, one set of 120 student handouts, one set of five group leader certificates, and one set of student certificates. A two-day training costs \$1,750

for the first day and \$1,500 for the second day. Up to 30 participants can attend. National training opportunities are also available. (Current costs need to be verified with the program.)

PROGRAM QUALITY

According to reviewers, the goals of this program were explicit and clear. Additionally, the goals and objectives were rated highly for content appropriateness for the specified age level of participants. The social influences model that underpinned the program's rationale was found to be sound and focused.

EVIDENCE OF EFFICACY

The evaluation of MSPP used a longitudinal, pre-post intervention vs. reference community design, in which the two communities were matched for size, socioeconomic makeup, and distance from the base of the program. Sixth-graders in both groups completed a baseline survey in spring 1983 and were surveyed each spring until they graduated from high school in 1989. The self-report survey measured the history and intensity of tobacco use. Reviewers reported that the documentation of long-term program effects on smoking was evident in the evaluation data. They found that the measures of smoking were both reliable and valid and that the quasi-experimental design was bolstered by the pre-test equivalence procedures and appropriate statistical analysis employed in the overall evaluation.

Results demonstrated to a statistically significant degree that smoking rates among students in the intervention community were significantly lower following participation in the program. At the end of 10th grade, 13.1 percent of students in the intervention community were current smokers, compared with 22.7 percent of reference students. At the end of 12th grade, weekly smoking was 14.6 percent in the intervention community compared with 24.1 percent in the reference community.

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PROMISING PROGRAM

Open Circle Curriculum

OPEN CIRCLE CURRICULUM

Open Circle Curriculum is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Open Circle Curriculum is the classroom component of the Reach Out to Schools: Social Competency Program. It is a grade-differentiated, multiyear, social and emotional learning curriculum targeting elementary school students. This curriculum focuses on communication, self-control, and social problem-solving. The program has three goals: to strengthen participating students' social competency skills in communication, self-control, and interpersonal problem-solving; to promote the creation of growth-fostering relationships among students and between students and the adults in their lives; and to build a sense of community in classrooms and schools by providing a common "language" that fosters communication among students and between students and their teachers. The design and methodology of the Open Circle Curriculum were informed by research on social competency skills development.

In biweekly lessons lasting 15 to 30 minutes, teachers conduct "Open Circles" with their students. These meetings, the setting for curriculum lessons, serve as a forum for providing students with opportunities to develop and practice their social competency skills, for building positive relationships among students and teachers, and for creating a strong sense of community in the classroom. During these meetings, topics such as being a good listener, including one another, speaking up, calming down, and problem-solving are discussed. Then students join in an activity, a role-play, or a game that reinforces the topic discussed. Students are also asked to identify and resolve conflicts. Due to the structure, the lessons provide a place for troubled or excluded children to feel more connected to their classmates and teachers and less alone to face their problems. This process creates a safer, more inclusive classroom and school community.

An Open Circle Curriculum guide is available for each grade level from kindergarten through grade five. The same concepts and skills are included in all six grade levels in a developmentally appropriate way.

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Professional Development Resources and Program Costs

In order to receive the curriculum, teachers must participate in a few days of training over the year: two consecutive days in the summer or early fall, one day in January or February, and one day in March or April. A school's cost per teacher for attending the training and for the curriculum materials is \$750. As a trained

teacher continues in subsequent years to implement the curriculum with new classes, the cost per student is reduced. In-school consulting and coaching are provided by program staff. Additional training for administrators, staff, and parents is also available. (Current costs need to be verified with the program.)

PROGRAM QUALITY

According to reviewers, the program goals were closely aligned with the protective factor of developing social competency skills. Reviewers found that the curriculum met the program's goals, as it attended to fostering healthy relationships between peers and students and provided a delivery format with authentic forums to practice and develop social competency skills. Reviewers reported congruence between the level of program effort and the intensity of expected program outcomes. The rationale behind the program was also found by reviewers to be clear and well matched to the ages of participants.

EVIDENCE OF EFFICACY

The program presented two evaluation studies. The first was a pre-post nonequivalent comparison group design that appropriately used analysis of variance and reported a time-by-treatment interaction for teacher reports of behavior and social skills. The intervention group consisted of 68 fourth-grade students from two school sites, and the comparison group comprised 86 fourth-grade students from two different school sites matched on student and community variables. The second study was a post-test-only design comparing 191 sixth-grade students who participated in the program for two or more years to 86 sixth-grade students who participated in the program for one year or less. Reviewers agreed that the first study was strong and demonstrated statistically significant short-term effects. Although the second study demonstrated long-term results, reviewers did not consider this study methodologically sound because it failed to control for pre-treatment differences.

Reviewers determined that the program was evaluated with an adequate design for demonstrating evidence of efficacy. Although no actual measures of behavior were used, the evaluation assessed a plausible risk/protective factor—social skills—which was specifically defined as cooperation, assertiveness, self-control, or empathy. The short-term study demonstrated statistically significant program effects on teachers' ratings of student social skills and problem behaviors, and reviewers noted that the assessment tool had sufficient reliability to support the findings. The long-term study reported statistically significant program effects on girls' middle school adjustment from three report sources—students, teachers, and parents. Positive program effects for boys included higher levels of social skills and self-control and fewer instances of physical fighting.

FOR FURTHER INFORMATION

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PROMISING PROGRAM

PeaceBuilders®

PEACEBUILDERS®

The *PeaceBuilders*® program is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

PeaceBuilders® is a violence prevention program for elementary and middle schools that aims to reinforce positive behavior throughout the community—at school, at home, in after-school settings, in peer interactions, and in the mass media. The PeaceBuilders model is an explicit attempt to systematically provide a culture that models and reinforces pro-social behavior, reduces sources of adult attention to inappropriate behaviors, and increases peer attention to displays of positive behaviors and competencies. For young children, the program endeavors to increase cooperation, collaboration, and teamwork while reducing acts of aggression and other negative behaviors. The program's goal is for all schools to become peaceful learning environments in which everyone learns, practices, and acquires the skills to ensure positive and respectful behaviors so students can achieve academic, personal, and interpersonal success.

PeaceBuilders uses nine broad behavior-change techniques: 1) a common language for “community norms,” 2) stories and live models of positive behavior, 3) environmental cues and feedback to signal desired behavior, 4) role-plays to increase the range of responses, 5) rehearsals of positive solutions after negative events and response costs as “punishment” for negative behavior, 6) group and individual rewards to strengthen positive behavior, 7) threat-reduction techniques to reduce reactivity, 8) self- and peer-monitoring skills for positive behavior, and 9) generalization promotions to increase maintenance of change across time, places, and people. PeaceBuilders is based on key research findings about the brain, including an understanding of the role of hormones and neurotransmitters and their relationship to positive social interactions and readiness to learn.

Resources for the program consist of a student workbook; a teacher *Action Guide*; a teacher *All-in-One Binder*; a *PeaceBuilders Reproducible Masters Binder*; a leadership guide; a staff manual, *The Intensive Guide* for more-at-risk youths; parent education materials; reward materials; community outreach materials; and assessment and evaluation tools.

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Professional Development Resources and Program Costs

Before the formal teacher-training workshop, faculty members receive a pre-intervention orientation to the program. The training workshop for kindergarten through grade five is \$1,750. The middle school program has a two-day workshop for \$2,250. Ongoing technical assistance, study sessions, periodic forums, and occasional one-day institutes on specific topics are available. Train the trainer workshops are also offered for \$1,250. Information is provided to administrators to help them

evaluate the program. The cost of materials and resources for the program is approximately \$8 per student. Program maintenance after the first year is \$100 per year, which supports an incentive tool kit that includes leadership guides, staff guides, visual aids, handouts, and a site license. The middle school program is \$3,000 per school and consists of an *Action Guide* plus a leadership guide, graphics binder, and CD-ROM. (Current costs need to be verified with the program.)

PROGRAM QUALITY

According to reviewers, PeaceBuilders had an effective, systematic approach to changing the culture of violence and demonstrated a holistic emphasis on the individual and the environment. Its goals were aligned with this approach and were both realistic and admirable. The five principles of behavior practiced by students—praise people, avoid put-downs, seek wise people as advisers and friends, notice and correct hurts we cause, and right wrongs—reflected the program's resiliency-based rationale and were highly relevant to violence prevention.

EVIDENCE OF EFFICACY

Reviewers found that the PeaceBuilders' evaluation design was strong, although only a partial preliminary report of the results from a large randomized evaluation study was available. They noted that the evaluation design used well-known instruments with good reliability and validity and data analysis that adequately controlled for threats to internal validity, although no attrition data were provided. With several outcomes, the program reported overall trends in the data rather than statistical testing of differences between control and treatment groups or effect sizes, which made it difficult for reviewers to judge the level of significance for all reported outcomes.

The evaluation used a randomized nonequivalent control group design with repeated measures. Eight schools from two districts with high rates of juvenile arrests and histories of suspensions and expulsions were grouped into four matched pairs. Within the matched pairs, schools were randomly assigned to intervention schools (2,736 students in grades K–5) or wait-list control schools (1,105 students in grades K–5). The study assessed the level of aggressive and delinquent behavior, social competence, the parent-child relationship, school discipline, and peace-building behaviors; it also used outcome assessments such as student self-reports, teacher reports, playground observations, parent self-reports, and school and law enforcement records. Results over a two-year period demonstrated a statistically significant increase in student pro-social behavior in favor of the intervention group, as measured by teacher reports of social competence. Results also showed a decline, although not to a statistically significant degree, in student aggressive behavior in favor of the intervention group, as measured by teacher reports of social competence and student reports of peace-building behavior.

The evaluation also examined data from school nurses' logs collected one year prior to and during the 1994–95 program intervention. Nurses' logs included data on student visits to the school nurse for all reasons, all injuries, and injuries caused by fights. Interviews with nurses found no differences in reporting and record-keeping between the intervention and control schools. Results showed a statistically significant decrease in favor of the intervention schools in the weekly rates of student visits to the school nurse for injuries and other reasons, and reviewers noted that all results were confirmed with analysis of covariance. The major change in the control schools was an increase in the rate of confirmed fighting episodes.

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PROMISING PROGRAM

*The Peacemakers Program:
Violence Prevention for
Students in Grades 4-8*

THE PEACEMAKERS PROGRAM: VIOLENCE PREVENTION FOR STUDENTS IN GRADES 4-8

The Peacemakers Program: Violence Prevention for Students in Grades 4-8 is recommended as a promising Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Peacemakers Program: Violence Prevention for Students in Grades 4-8 is a school-based violence prevention intervention. Its goal is to reduce aggression and violence among participating youths. Aggressive behavior is reduced across a broad spectrum of severity, ranging from hurtful speech, to physical fighting, to use of weapons. The Peacemakers Program attempts to positively change violence-related attitudes and to train students in conflict-related psychosocial skills, including anger management, unbiased social perception, conflict avoidance, problem-solving, and assertiveness.

Peacemakers addresses two basic dimensions of aggression-related functioning: violence-related attitudes and, more predominant, conflict-related psychosocial skills. Values, self-concept (not self-esteem), and violence-related attitudes are discussed. The bulk of the program consists of training in conflict-related psychosocial skills. The material of the program is organized around a model of violence as the end result of a sequential process, with different skills called for at different points in time.

The curriculum is based on a teacher-delivered series of 17 lessons. Each lesson takes about 45 minutes. Sessions are generally conducted once per week, so the program takes one semester to complete. The order of the sessions is important as they build on each other. Didactic presentation is mixed with discussion and activities. The emphasis is on application and practice of the material. Materials include a teacher's manual, student workbooks, stories, and parent materials. The program contains two optional features: a bibliography of resources and an appendix of classroom management strategies.

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Professional Development Resources and Program Costs

Teachers receive six to eight hours of training in the Peacemakers Program. The cost is \$150 per hour plus expenses for the trainer. Ongoing consultation is available as needed. Program costs include manuals, workbooks, and training and are estimated to be \$11 per student. The cost is \$65 for the teacher's manual, \$50 for the counselor's manual, and \$8 for the student workbook. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The reviewers rated this program high in quality for its clearly stated goals and their alignment to the program rationale. The rationale itself was found to be extremely well defined, with cutting-edge theories of the interrelationship between prevention and remediation in the context of violence prevention. Reviewers also found the content to be superior and logically designed in its presentation.

EVIDENCE OF EFFICACY

The evaluation of the Peacemakers Program used a pre-post, comparison group design, with 71 percent of the sample receiving the program and 29 percent in the control group. Measurement instruments included a project-developed multiple-choice test based on program content, the Attitudes toward Guns and Violence Questionnaire, and the Aggressive and Violent Behavior Questionnaire. Three violence-related constructs were assessed (knowledge of psychosocial skills, attitudes toward guns and violence, and aggressive behavior) through student self-report measures and behavioral observation scales completed by teachers. The evaluation demonstrated statistically significant results in favor of the treatment students in the areas of increase in student knowledge of conflict-related psychosocial skills; decrease in self-reported and teacher-reported student aggressive behaviors; and decrease in teacher-reported student aggression-related disciplinary incidents, use of school conflict-mediation services, and suspensions for violent behavior.

Reviewers found the evaluation study of the program to be of high quality with some strong elements. They cited the study's short-term outcomes as convincing evidence of the program's potential for changing aggressive behavior. Reviewers referred to the good face validity of the instruments and the fact that the instruments measured the dimensions purported. Interpretation of the results were within the limits of the data and unit of analysis. Although the attrition rate was high, reviewers found that the attrition did not seem to have a major effect on the sample composition in regard to aggressive behavior levels. In addition, data analyses took into account initial group differences and other constraints of working with human subjects that were reflected in the data set.

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PROMISING PROGRAM

Peers Making Peace

PEERS MAKING PEACE

Peers Making Peace is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Peers Making Peace (PMP) is an innovative peer-mediation program that uses a preventive approach for handling conflicts both in and out of school. The program's goal is to improve the school environment by reducing violence, assaults, and discipline referrals and increasing academic performance. This is accomplished by training teams of students to act as peer mediators on their school campuses.

Research has established that children have risk factors for substance abuse and for becoming victims of or perpetrators of violence. However, children also have resiliencies, which protect them and help them overcome risk factors. This program develops and enhances these resiliency assets.

The program is designed to have an impact on students in pre-kindergarten through 12th grade with research-based, age-appropriate, and developmentally sound curricula for each level. Each participating school selects a group of 15 to 24 students who represent the community's racial, ethnic, and gender demographics. Students learn skills such as conflict resolution, nonverbal communication, questioning, and maintaining neutrality. The training activities for students vary in length from 10 to 45 minutes. The maximum training time each day varies by age group: Elementary students receive no more than three hours a day on three different occasions; middle school students no more than four hours on three different occasions; and high school students no more than five hours on three different occasions. Selected students apply the skills they learn by serving as third-party mediators to help those involved in conflict reach mutually satisfactory agreements. Most mediation takes place before or after school, during lunch, or during activity time. Students take responsibility for solving their own problems, which allows teachers to concentrate on teaching. A pretraining needs assessment with materials helps schools prepare to implement programs.

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Professional Development Resources and Program Costs

Three different coordinator manuals contain detailed instructions and guidelines to implement the program. Student workbooks for training are provided. Videos for orientations are also provided to both students and adults. Additionally, the developer provides ongoing technical assistance. (The cost per student affected by the program is approximately \$1.64.) Costs to maintain the program

are minimal. The complete coordinator's manual for each level (elementary, middle, and secondary) costs \$100. One hundred student manuals are available for \$1 each with a site license. A video orientation is \$100. Training costs \$550 per day for up to 30 teachers and \$250 per day for an additional trainer. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Inviting and encouraging the participation of the whole community while keeping the program peer-led is likely to achieve the program's desired goals. Reviewers found the goals to be succinct, clear, and measurable and noted that materials effectively aligned with the goals. Reviewers also found that this program did an excellent job of documenting its research-based rationale, and the practices all revealed logical theoretical underpinnings. The program was noted for its cultural and ethnic sensitivity, the seemingly bias-free training, and the video's excellent representation of diverse populations, which sent a message of inclusion.

EVIDENCE OF EFFICACY

The evaluation of the Peers Making Peace program used a pre-post, quasi-experimental design with six experimental and six comparison schools that were regarded as similar based on demographics, socioeconomic levels, population, and incidence of violence and substance use. Results demonstrated that experimental schools experienced a drop of 73 percent in expulsions while comparison schools experienced an increase of 6.2 percent; a drop of 90.2 percent in assaults while comparison schools experienced an increase of 33 percent; and a drop of 57.7 percent in discipline referrals while the comparison schools experienced an increase of 8.4 percent. Results were uniformly positive in the experimental schools.

Reviewers agreed that the evaluation results were useful for assessing program potential. They noted that the treatment schools' reduction in violence was believable and impressive. Reviewers found that the program reported evidence of efficacy based on a methodologically sound evaluation, despite the lack of random assignment and a lack of clarity about sample selection and attrition issues. Reviewers determined that the evaluation used outcome measures that were from reliable sources and that the measures had face validity.

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PROMISING PROGRAM

Positive Action

POSITIVE ACTION

Positive Action is recommended as a promising Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Positive Action (PA) was first developed in 1977 and has been revised since then based on process, monitoring, and outcome evaluations. It consists of integrated K-8 classroom curricula, school preparation, and teacher training, plus a schoolwide climate-change program, a family program, and a community involvement program. Although a high school component is also offered, adequate high school evidence of efficacy was not available. The goals of PA are to improve individuals, families, schools, and communities by teaching that acting positively helps them develop positive identities. Each goal has individual objectives: decreasing drug, alcohol, and tobacco use and decreasing incidents of violent behavior or misconduct.

PA is grounded in a broad theory of self-concept that postulates that people determine their self-concepts by what they do; that actions, more than thoughts or feelings, determine their self-concept; and that positive behavioral choices result in feelings of self-worth.

PA is a systematic, comprehensive program that uses active learning, positive classroom management, and a detailed curriculum. The grades K-6 portion of the curriculum consists of 1,200 or more 15- to 20-minute lessons delivered daily or almost daily. Activities include stories, role-playing, modeling, games, and questions/answers. As a holistic program, PA incorporates life skills into its curriculum and includes most subject areas, such as social studies, math, and science. The middle school curriculum continues with the same concepts as the elementary curriculum and focuses on middle school students' independence and emerging recognition of their responsibility for themselves. Lessons are taught two or three days a week.

Full implementation of PA in one school requires one Teacher's Kit of the appropriate grade level for each teacher, one Drug-Education Supplement Teacher's Kit for fifth grade (a Middle School Drug-Education Supplement Teacher's Kit for middle school is also desirable), Teacher's Kits of the appropriate grade levels for special education, one Principal's Kit, one Counselor's Kit, and one Community Kit. The implementing school principal can also refer to the Implementation Plan. Also available is a PA Family Kit.

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Professional Development Resources and Program Costs

A three-hour orientation and implementation workshop is

available through PA, but schools may also purchase training and professional development materials and use their own trainers.

Several other workshops are offered through PA: a two-hour

workshop for school personnel on how they can raise awareness of PA; a seven-series workshop that explores program components

in depth; and a seven-part workshop that teaches how to apply

PA concepts in all curriculum areas. Trainers from PA cost \$600 per

day in addition to travel expenses and \$300 per day for travel time.

The maximum group size is 30 participants per trainer. Training and

professional development workshop materials cost \$360 each.

Materials required in the full implementation of PA vary according to

school size (i.e., number of teachers, counselors, and families). Costs

for materials are as follows: Kindergarten Teacher's Kit, \$400; grades

1 to 8 Teacher's Kit, \$300; fifth-grade Drug-Education Supplement

Teacher's Kit, \$185; middle school Drug-Education Supplement

Teacher's Kit, \$300; elementary and secondary Principals' Kits, \$360

each; Family Kit, \$55; Community Kit, \$300; Implementation Plan,

\$160; Rejuvenation Plan, \$160; and Counselor's Kit, \$60 each.

Additional kits range from \$150 to \$400. The cost for consumables

in subsequent years is approximately 20 percent of first-year costs.

(Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found that PA set clear, appropriate, and comprehensive goals for the intended population and setting and that it was reasonable to expect the program to achieve its goals. Reviewers noted that the program cited a great deal of research and that the rationale was based on a strong theoretical foundation. The program activities were found to align with the goals and the rationale. Reviewers stated that there was a high probability that if the activities were implemented with fidelity, the program's depth and quality would be likely to produce systemic changes in schools and communities.

EVIDENCE OF EFFICACY

Reviewers found PA's overall evaluation design and methodology to be adequate with appropriate data analyses. They concluded that the cumulative effects of several of the studies showing statistically significant distal outcomes on discipline problems and self-concept confirmed the efficacy of the program. However, they agreed that no single recent evaluation of the program involved a rigorous study with well-defined, reliable, and valid measures, or had adequate controls for threats to internal validity. Reviewers cited one methodologically sound study that showed an impact on the protective factor of self-concept associated with some of the behavioral outcome variables of interest. They underscored that the evaluation studies involved elementary and middle school students only.

PA was extensively researched and evaluated in diverse schools and sites. Evaluations included a quasi-experimental matched comparison group, a pre-post-only case study, long-term follow-up, a time series, and percentile ranking comparison designs. Measures included self-concept scales, standardized tests, and reviews of official school and police records. The program reported favorable outcomes for PA students in the areas of substance use, violence, other crimes, truancy/absenteeism, academic achievement, and self-concept. Reviewers determined that there was sufficient evidence of program effects, primarily on self-concept and on some outcomes related to discipline problems.

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PROMISING PROGRAM

*Preparing for the
Drug-Free Years*

PREPARING FOR THE DRUG-FREE YEARS

Preparing for the Drug-Free Years is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Preparing for the Drug-Free Years (PDFY) is designed to assist parents in reducing risks in their families that could contribute to alcohol and drug abuse. The goals of the program are to empower parents of children ages 8 to 14 to reduce the risk that their children will develop problems with drugs and alcohol in adolescence and to enhance protective parent-child interactions.

PDFY is guided theoretically by the social development model integrating social control theory and social learning theory. Offered to parents in schools, churches, homes, hospitals, and other locations, this five-session, multimedia skills training program is designed to be delivered weekly in two-hour sessions to parents of school-age children.

Two volunteer workshop leaders lead the program. Through PDFY, parents learn what the family and individual risk factors are for substance abuse, how to set clear family expectations on drugs and alcohol, what skills their children need to resist peer influences to use drugs or alcohol or engage in antisocial behavior, how to manage family conflict, and how to strengthen family bonds.

The curriculum kit for the workshop leaders consists of two workshop leaders' guides, two videotapes, a complete set of transparencies and parent handouts, and one family guide that summarizes the curriculum and provides follow-up "homework" activities for the family. The kit also has flyers, certificates, and bumper stickers to help recruit and retain patients.

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Professional Development Resources and Program Costs

Two volunteers attend a three-day intensive training workshop. The workshop covers all five sessions of the curriculum while incorporating behavioral skills training and communication-centered approaches. The cost for training up to 12 workshop

leaders is \$4,500 plus \$100 per participant for the training materials. The developer also offers a train the trainer option for large-scale implementation of the program. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers noted that this program clearly articulated its goals and spelled out its expected behavioral changes. In this way, its clear theoretical foundations were realized, reported reviewers. Materials consistently supported the stated goals; provided a clear rationale for participants; and effectively contributed to increasing the potential for active, meaningful participation by parents. Reviewers identified the cultural and ethnic sensitivity of PDFY as a strong attribute. The program was lauded for directly addressing appropriate and inappropriate beliefs commonly held by parents and for incorporating a variety of activities that met the needs of diverse learning styles and helped to retain parents' interest.

EVIDENCE OF EFFICACY

Reviewers concluded that PDFY was well researched and provided complete information about the efficacy of the program. The program addressed risk and protective factors at the family level and had a positive impact on several of these factors. The findings of the four evaluation studies presented indicated that the program had statistically significant results in favor of the treatment group on measures pertaining to the following: 1) general family interactions and child management skills, 2) problem-solving, 3) parent-child affective quality, 4) general child management, 5) interventions focused on parenting behaviors, and 6) improved parent norms pertaining to alcohol use. Long-term follow-up results demonstrated that positive program effects had been maintained for at least one year after intervention.

The evaluation studies used a variety of experimental designs, including a pre-post test design with random assignment of identified families into treatment and nontreatment groups. Self-report and observational methods were used to collect data on risk and protective factors, and studies were conducted to develop measurement models of latent parenting constructs. Reviewers noted that although there were some attrition issues, the differential effects of attrition were not statistically significant and efforts were made to control statistically for pre-test and other differences. The data analyses were appropriate, procedures were well done, and interpretations were justified.

FOR FURTHER INFORMATION

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Primary Mental Health Project

PROMISING PROGRAM



PRIMARY MENTAL HEALTH PROJECT

Primary Mental Health Project is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Primary Mental Health Project (PMHP) is a school-based early-intervention program for young children who show evidence of school adjustment difficulties. As an indicated prevention program, PMHP targets children deemed "at risk" and not those with already crystallized serious dysfunction. Through therapeutic interventions in a one-to-one setting, the program aims to address risk and protective factors of children in preschool through grade 3. The program endeavors to detect, reduce, and/or prevent social, emotional, and school adjustment difficulties. It also seeks to enhance learning and adjustment skills and other school-related competencies. PMHP accomplishes these goals through five structural components: a focus on young children (preschool through third-grade children are the primary recipients of services); early and systemic screening and selection; use of paraprofessionals for direct services; role change of school-based mental health professionals; and ongoing program evaluation.

It is well known that patterns of school failure often begin in the first three years of school. A growing body of research strongly suggests the critical importance of providing fortifying school experiences at an early age. A rigorous screening procedure is first implemented to determine those children who would most benefit from PMHP services. Once children have been identified, the classroom teacher, in collaboration with parents and school counselors, completes an adjustment profile for each child. This profile is used to establish intervention goals before the children begin one-on-one counseling. Counseling sessions occur for 30 to 40 minutes each week and are centered on child-initiated expressive play activities that lead to the attainment of each child's individual needs and goals.

Program materials include a variety of informational booklets and manuals such as: *School Based Prevention for Children at Risk*; *Primary Mental Health Project: Program Development Manual*; *The Primer: A Handbook for Establishing a PMHP Program*; *Behind These Young Faces: The Primary Mental Health Project*; *Screening and Evaluation Measures and Forms: Guidelines*; and *Supervision of Paraprofessionals: Guidelines for Mental Health Professionals*.

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Professional Development Resources and Program Costs

Support to districts and sites interested in implementing PMHP is available through multiple venues: consultation, training, program materials, and internship opportunities. Program consultants provide on-site consultation and support. Training videos are available on loan from the developer. Developers

estimate that program costs annually per child can be less than \$250 and that the cost of a single contact session with a child can be less than \$10. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the goals of the program to be clearly defined and carefully measured on both a short-term and a long-term basis. They also noted a consistency among the rationale, the goals, and the way each aspect of the program was measured. Students received the level of intervention appropriate to their risk factors, according to reviewers. The five structural components of the program drove the program to enhance learning and adjustment skills in a clear and organized way. Reviewers noted that the program materials were well developed and well utilized.

EVIDENCE OF EFFICACY

PMHP presented evidence of improved school adjustment and a decrease in problem behaviors for treatment children based on a number of control group, comparison group, and long-term follow-up evaluation studies. Reviewers found that the program was well researched and addressed risk and protective factors for young children who were identified with school adjustment difficulties. Reviewers agreed that the outcome measures showed positive short- and long-term outcomes. They noted that the evaluation instruments were reliable and valid and that the data analyses were appropriate.

One control group study, with 600 children from 18 school sites randomly assigned into immediate intervention and delayed treatment groups, showed statistically significant decreases in adjustment problems for children receiving program services compared with children waiting for services. Another wait control group design, which employed a three-month follow-up measure, demonstrated a decline in teacher ratings of learning problems and shy-anxious behaviors and an increase in task orientation and peer social skills in favor of the treatment group. One of the matched comparison group evaluations showed a decrease in adjustment problems and an increase in adaptive competencies after one school year in favor of the treatment group. Long-term effects were found in a follow-up study of fourth- through sixth-graders two to five years after the intervention. Post-only results showed treatment children to be statistically significantly better adjusted than a demographically comparable group of current problem children based on teacher identifications and ratings.

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PROMISING PROGRAM

Project STAR

PROJECT STAR

Project STAR is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Project STAR, also called the Midwestern Prevention Project, is a comprehensive, community-based program to prevent or reduce adolescent substance abuse. Its primary goal is to prevent or reduce gateway substance use. The following program components are introduced in sequence to communities: school, parent, community organization, and health policy, with utilization of the mass media to publicize positive efforts for drug prevention.

The program has a social influences theory base. Early, middle, and late adolescence each have distinct developmental tasks and needs. Project STAR is geared primarily toward the early-adolescent period (ages 10 to 12) when youths are more likely to emulate older students and initiate attempts to break away from parental control.

The project integrates demand- and supply-reduction strategies by combining prevention programming (aimed at teaching youths drug resistance skills) with local school and community policy change (aimed at institutionalizing prevention programming and limiting youths' access to drugs). The program also teaches perceived norms for use and social support for nonuse.

Each of the five program components contains either activity guidelines or actual program materials. The school curriculum consists of 10 to 13 classroom sessions and five homework activities. Sessions are taught twice a week, and each session lasts less than 50 minutes. A teacher's manual is available. The school program focuses on increasing skills to resist and counteract pressures to use drugs and to change the social climate of the school to accept a drug-free norm. Methods of delivery include modeling, role-playing, and discussing related issues in groups led by peers. The other four components integrate with the school component to collectively encourage adolescents to resist drug use in the wider community.

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Professional Development Resources and Program Costs

Training is provided for each component, including a two-day teacher training for part 1 of the school curriculum. A one-day teacher training for part 2, training of a parent committee, training of community leaders, and training of the local media

are all available. Examples of each of the components are presented in a video. A curriculum package is commercially available. (Current costs need to be verified with the program.)

PROGRAM QUALITY

According to reviewers, the goals of this program were clear and attainable and should result in a change in the entire community, not just a school. Additionally, reviewers noted that the focus on systemic issues was a positive attribute. Discussing supply-and-demand issues was found by reviewers to be an innovative approach that was supported by research. Reviewers noted that this program attended to policy-level change at the school and community levels, which reviewers found to be a long-term benefit of the program.

EVIDENCE OF EFFICACY

Reviewers found that Project STAR's replication and distal outcomes made a strong case for the efficacy of the program. The program presented evidence from large-scale, longitudinal studies, using both quasi-experimental and fully randomized designs. Although high attrition rates were a concern, some of the studies addressed this concern by making maximal conservative adjustments and controlling for internal validity. Reviewers noted that issues of program replication and potential underreporting on self-report measures were adequately addressed also. Overall, they found that the program reported relevant evidence of efficacy based on a methodologically sound evaluation, despite selection criteria, reliability, and validity concerns. Reviewers added that the program appeared most effective at reducing adolescent smoking.

Project STAR used two evaluation designs. One design was a partially randomized study in one city. The second design was a fully randomized replication in another city three years later. Both studies used pre-post test measurement in the first year, with a post-test measurement administered each year thereafter. From sixth/seventh grade to the end of high school, 10,000 students were followed. Beyond high school, a smaller sample of about 2,200 was selected for continued follow-up. Standardized student and parent surveys and an expired-air CO measure were used to validate student responses. Statistically significant effects were found in favor of the treatment students, including net reductions in drug use ranging from 10 percent to 80 percent, depending on the specific drug and the year of measurement. Results also demonstrated, to a statistically significant degree, delays in onset and decreased prevalence on gateway (i.e., cigarettes, alcohol, and marijuana) and illicit drug use; decreased alcohol and marijuana use among parents; and increased positive parent-child communications about drug use prevention for the treatment group compared with the control group. The program also reported statistically significant outcomes related to health policy changes, long-term job retention, and the development of community prevention programs.

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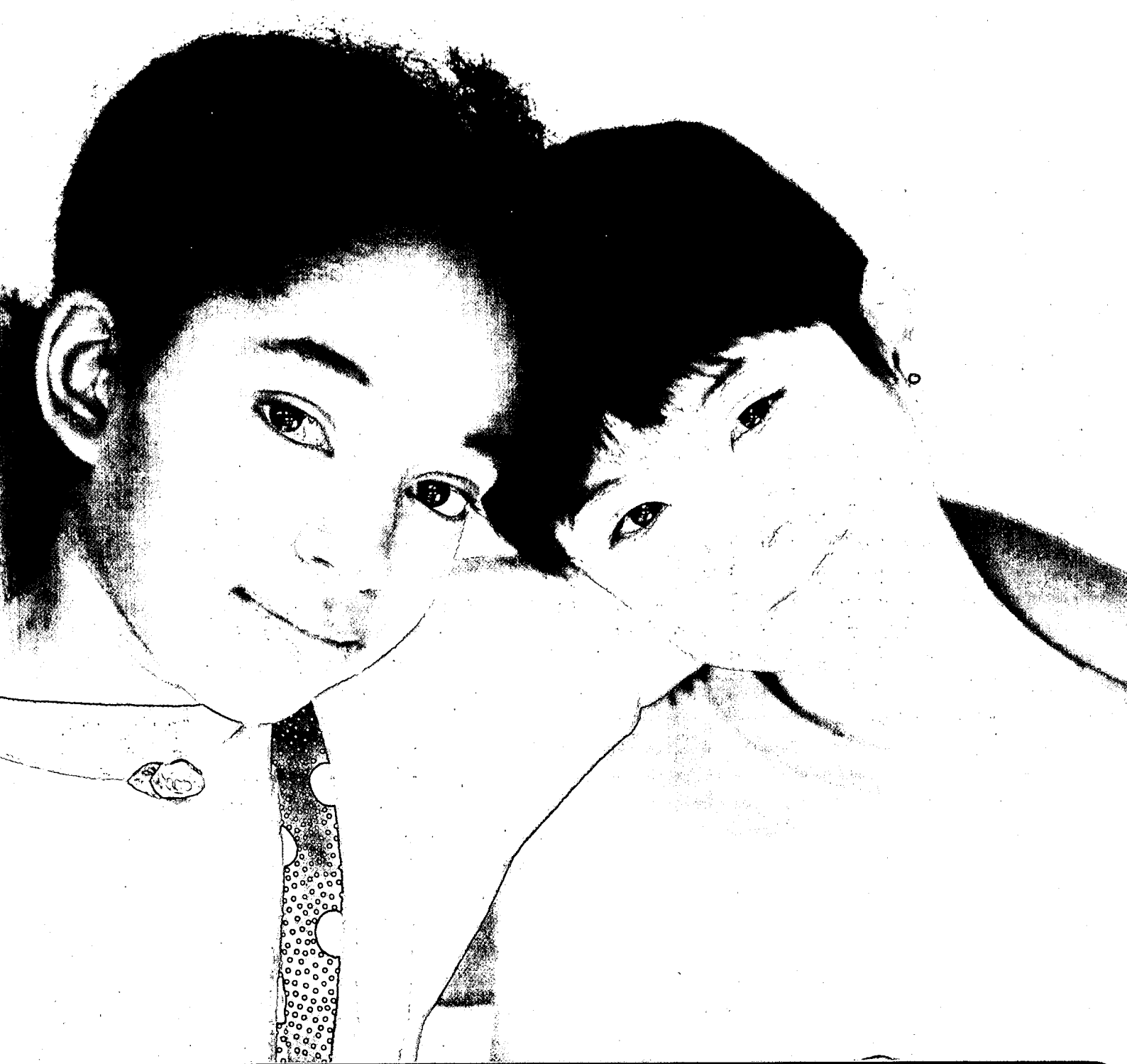
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PROMISING PROGRAM

Promoting Alternative Thinking Strategies

PROMOTING ALTERNATIVE THINKING STRATEGIES

Promoting Alternative Thinking Strategies is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Promoting Alternative Thinking Strategies (PATHS) curriculum is a comprehensive program that promotes the development of social and emotional competencies in children during the elementary school years to achieve its goal of reducing aggression and other behavior problems. A second broad program goal is to enhance the classroom atmosphere to facilitate learning and the internalization of pro-social values. PATHS was developed for use in a classroom setting for children just entering school to those in grade 6. The curriculum is designed for use by educators and counselors in a multiyear, universal prevention model.

PATHS combines a focus on the promotion of optimal developmental growth for each individual; an emphasis on the manner in which teachers use the curriculum model to generalize the skills to build a healthy classroom atmosphere; a focus on the developmental process of the brain; an enhancement of developmental growth and mental health and the prevention of emotional distress; and a focus on psychological issues related to the role of emotional awareness.

PATHS is divided into three major units: Readiness and Self-Control (12 lessons), Feelings and Relationships (56 lessons), and Interpersonal Cognitive Problem-Solving (33 lessons). A 30-lesson supplementary unit is also part of the curriculum. PATHS lesson topics include identifying and labeling feelings, expressing and managing feelings, controlling impulses, reducing stress, interpreting social cues, understanding the perspectives of others, problem-solving and decision-making, and nonverbal and verbal communication skills. The 131 lessons are designed for delivery three times per week, every year over a five-year period.

The PATHS Curriculum Kit contains six volumes of lessons for students, a manual for teachers that addresses process and parent involvement issues, photographs and posters, and additional materials.

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Professional Development Resources and Program Costs

Initial training of teachers, support personnel, and administrative staff requires a two- to three-day workshop. Costs for a workshop for up to 30 participants is \$3,000. At the beginning of the second year of implementation, a half-day or one-day booster session is provided. Additionally, ongoing consultation/supervision once a week is highly recommended in the first year.

In the second year, consultation/supervision twice a month is sufficient. Consultation/supervision is provided by a full- or part-

time curriculum consultant, depending on the number of PATHS classrooms. The costs are as follows: \$550 for the Basic curriculum (grades 1–6), including an instructor manual, five volumes of lessons, and visual aids; \$145 for Readiness and Self-Control (Turtle unit) for K–1, including an instructor manual, puppet, and visual aids; \$640 for the complete curriculum, both the Basic and the Turtle units. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the goals of the PATHS program clearly stated, supported by research, and followed by measurable, achievable objectives. Reviewers also rated highly the rationale, including the sequence of the material's delivery, its well-researched foundations, and its alignment with its goals and expected outcomes. The activities were also found to elicit interaction and to be free of bias and gender inequality. According to reviewers, the materials appeared to be age-appropriate and of particular interest to the needs of the youths addressed.

EVIDENCE OF EFFICACY

Reviewers found that the evaluation used an excellent research design, random sampling, and reliable and valid measures, although attrition issues were not addressed. They determined that the research studies presented by PATHS provided evidence that the program was effective in improving protective factors (e.g., social and emotional competency) and reducing risk factors (e.g., early and persistent antisocial and aggressive behavior). Reviewers, however, found the evidence of actual changes in behavior among students in regular classrooms insufficient. Research was conducted in regular and special education classrooms.

The program presented four clinical trials: Two studies involved students with special needs and two involved regular education students. One study involved 200 regular education students in grades two and three from four schools with random assignment by school; a second study involved 108 children with special needs in grades one to three randomly assigned by classrooms to the intervention or control group. Measures for both studies included affective and social problem-solving interviews, a teacher-rated child behavior checklist, student reports of conduct problems administered at the post-test, and one- and two-year follow-ups. A third study involved 5,000 first-graders in 48 schools in four sites with random assignments by school. Measures included peer sociometric ratings of aggression and disruptive-hyperactive classroom behavior and blind observations of the quality of the classroom atmosphere. The fourth study involved 57 deaf children in grades one to six, with random assignments by school to the intervention or wait-list control group. Measures included a teacher-rated health resources inventory, emotion inventory, social problem-solving interview, and teacher and parent ratings of social competence.

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PROMISING PROGRAM

*Responding in Peaceful
and Positive Ways*

RESPONDING IN PEACEFUL AND POSITIVE WAYS

Responding in Peaceful and Positive Ways is recommended as a promising Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Responding in Peaceful and Positive Ways (RIPP) is a primary prevention program grounded in social-cognitive learning theory, which states that both women and men and the environment are involved in and responsible for the occurrence of an aggressive act, and is designed for use in middle and junior high schools. The goal of the program is to implement strategies that reduce problem behaviors by addressing specific risk factors and increasing protective factors. RIPP achieves its goal by creating opportunities in the school environment and by creating changes in attitudes inside individuals.

The curriculum is taught to sixth- or seventh-grade students in 25 weekly classes, with each session lasting 50 minutes. The curriculum uses three basic strategies: behavioral repetition and mental rehearsal of a social-cognitive, problem-solving model; experiential learning techniques; and guided discussion. Students perform role-plays, resolve conflicts, and observe positive social norms. They also learn a seven-step problem-solving model called SCIDDLE (stop, calm down, identify the problem and your feelings, decide among your options, do it, look back, and evaluate). In addition, students learn and practice violence prevention skills involving four pro-social options: resolve, avoid, ignore, and diffuse. The program contains a strong peer mediation component. Peer mediators are trained to provide their services to the entire school. Peer mediators complete 16 hours of training. A curriculum manual provides the material and information to implement the program.

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Professional Development Resources and Program Costs

The major requirement for implementing this program is the hiring and training of a full-time violence prevention facilitator for each school. The prevention facilitator is responsible for teaching RIPP and supervising and coordinating the peer mediation.

A four-day intensive training program is available at a cost of \$600 per participant and includes the curriculum manual. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The program goals and time frame for accomplishing them were found by reviewers to be appropriate and well thought out. Reviewers stated that prevention efforts clearly supported the goals of the program and helped the goals to be achieved. The program was also cited for its excellent research base and its continual updates to stay current with research.

EVIDENCE OF EFFICACY

Reviewers agreed that RIPP presented a well-designed randomized clinical trial using reliable and valid measures. Although attrition was a problem, especially at the one-year follow-up, the evaluation tried to minimize the impact by analyzing pre-, post-, and follow-up data separately. Reviewers found that the study showed positive outcomes at post-test and follow-up, although the majority of the measures did not produce statistically significant effects and some of the effects present at post-test did not remain statistically significant at follow-up. A key positive outcome that remained statistically significant at follow-up was a face-valid measure of in-school suspensions based on administrative data.

The evaluation used a pre-post clinical trial with random assignments of students to intervention and control groups at three urban middle schools. The intervention group consisted of 305 sixth-graders, and the control group consisted of 321 sixth-graders at the same schools. Evaluators collected data on students from school disciplinary code violation records, a violent behavior scale, attitude and belief scales, and other self-report measures. Statistically significant positive program effects favoring the intervention group for weapons possession, suspensions, and fight-related injuries were maintained at post-test; and statistically significant positive effects favoring the intervention group on in-school suspensions and threats to teachers were maintained at the one-year follow-up. Statistically significant positive results also were observed for the intervention group on measures of knowledge and use of peer mediation.

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PROMISING PROGRAM

Say It Straight Training

SAY IT STRAIGHT TRAINING

Say It Straight Training is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Say It Straight (SIS) Training promotes wellness, self-awareness, personal and social responsibility, good communication skills, positive self-esteem, and positive relationships. At the same time, it attempts to prevent risky or destructive behaviors, such as alcohol, tobacco, and other drug use; violence; teen pregnancy; and behavior leading to HIV/AIDS. SIS is action oriented and utilizes visual, auditory, and kinesthetic modalities to involve people with different learning styles. The learning is cognitive, affective, and psychomotor and creates opportunities for people to discover their internal resources; connect to their deepest wishes for pro-social behavior; and develop the skills to express and implement these wishes in appropriate ways, even in difficult situations. The training is cocreated by the participants, which gives them ownership and responsibility for their training.

SIS has been implemented in schools and in other community settings. It has been used with youths on probation, in detention, and in chemical dependency treatment centers, as well as with chemically dependent mothers in residential treatment and their children. Within schools it is conducted in five to 10 regular sessions of approximately 50 minutes each. Participants cocreate their individual training through activities such as body-sculpting and guided visualizations; role-playing difficult interpersonal situations; and participating in and learning how to do group feedback sessions. Training can be done on consecutive days or at least twice a week to accommodate school needs. Program materials consist of a trainer's manual, workbooks for younger and older students and adults, questionnaires used in the training, and three optional videotapes. A condensed trainer's manual, workbooks for student and adults, and a student questionnaire are available in Spanish.

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Professional Development Resources and Program Costs

Training occurs through a train the trainer model. Trainers receive a manual that contains a step-by-step description of their work with students, parents, and other community members. On-site support is available in some areas, and trainers can receive support via e-mail. The cost estimate for the first year for a school of 600 to 1,000 students is \$2,600, including training and

support. Parent workbooks are \$6.50 each. The cost of workbooks for students or adults can be minimized by obtaining rights to copy workbooks for 15 to 30 cents per workbook, depending on the workbook. The cost in the second year of the program is just the price of the workbooks for incoming students. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found that the program clearly outlined its goals and objectives and correlated them with the activities of the participants. Extensive documentation of the program's theoretical base, which was found to support soundly the goals of the program, was noted by reviewers. The program clearly demonstrated its relevance to the intended population, and its implementation methods were highly rated by reviewers for involving youths in the program content and delivery.

EVIDENCE OF EFFICACY

SIS was evaluated through four studies. Research results were available for students in grades five through 12, parents, and other adults. Three studies used pre-post, quasi-experimental designs, and one study used a pre-post, randomized design. Reviewers concluded that the program's replication of behavioral outcomes using quasi-experimental studies and objective measures (e.g., suspensions and police records) helped overcome problems resulting from the lack of a true experimental design controlling for differences between treatment and control groups in all of the four studies. Reviewers reported that the program also showed positive outcomes for assertiveness/attitudinal skills, and that the attitudinal measure had good internal consistency and seemed valuable as a measure related to a risk factor. They agreed that program outcomes were consistently positive, although the best studies using the best outcome measures were short-lived.

In the experimental study, one out of three schools was randomly selected to participate in the program. The experimental school had 799 students in grades six to eight, and the control schools had 1,539 students in the same grades. Results showed statistically significant behavioral and attitudinal outcomes in favor of the experimental group in terms of 1) reductions in the number of students who incurred AOD-related school suspensions or referrals, and 2) increases in student willingness to implement constructive decisions in difficult situations and to feel more at ease doing so.

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PROMISING PROGRAM

SCARE Program

SCARE PROGRAM

The *SCARE Program* is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The SCARE Program is an anger and aggression management program for children and adolescents. The primary goals of the program are to teach young people about emotions, including anger and aggression, and to help them recognize alternatives to violent behavior and aggressive responses. It also aims to encourage young people to make good decisions in response to provocative situations.

This program was developed to focus exclusively on violence and aggression beginning in early adolescence, because a growing body of evidence has consistently indicated that early adolescence can be a critical developmental period. The SCARE Program adopts the perspective that the reattribution of perceived offenses and the control and management of resulting anger are of prime importance in preventing violent and aggressive acts from occurring. Literature has indicated that therapeutic intervention can effectively reduce anger. The SCARE Program was constructed as a treatment package focusing on anger management and coping skills for children and adolescents.

The program involves a total of 15 different sessions clustered into three distinct yet related sections: 1) recognizing anger and violence in the community, 2) managing and reducing self-expressions of anger, and 3) defusing anger and violence in others. The program is delivered weekly, twice a week, or daily in 45- to 50-minute sessions. The curriculum was designed for broad-scale implementation by teachers, counselors, law enforcement officers, graduate or undergraduate students, or adult volunteers.

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Professional Development Resources and Program Costs

The SCARE Program is presented in an easy step-by-step format that assumes the leader has no formal training in teaching or counseling. Although not required, practice training by group leaders may result in greater treatment gains. Program materials consist of a leader's manual and a reproducible student

workbook. Everything necessary to conduct the program is contained in the leader's manual. The current cost of the SCARE Program is \$49.99. It is available through Kendall/Hunt Publishing, 1-800-542-6657, ext. 3087. (Current costs need to be verified with the program.)

PROGRAM QUALITY

This program received high marks for its focus and clear goals. According to reviewers, the program's activities consistently reinforced the application of acquired knowledge and contributed to the likelihood of attaining the stated goals. Additionally, the program materials were found to contain all the necessary information to achieve those goals. Reviewers noted that the body of literature cited sustained the program's theoretical foundation.

EVIDENCE OF EFFICACY

Reviewers found the SCARE Program study design and data analysis to be adequate, despite attrition issues, the absence of behavioral measures, and the lack of distal measurement of outcomes beyond the eight-week post-test. They noted that the study's statistically significant outcome related to anger, and that the causal link between anger and substance use, violence, and conduct program behaviors was not addressed.

Participants in the SCARE Program demonstrated statistically significant decreases in state anger and trait anger and increases in anger control when compared with the control group on a self-report measure. The evaluation used a pre-post experimental design with random assignment of individual students to the treatment group. The study involved a multiethnic sample of male and female middle school adolescents in grades six to eight, and program effects were measured through the use of a self-report inventory assessing the experience and expression of anger.

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PROMISING PROGRAM

*Skills, Opportunity,
and Recognition*

SKILLS, OPPORTUNITY, AND RECOGNITION

Skills, Opportunity, and Recognition is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Skills, Opportunity, and Recognition (SOAR), formerly known as the Seattle Social Development Program, is a three-part intervention for teachers, parents, and students in grades one through six. It is a universal prevention program with interventions designed to reduce specific, empirically identified risk factors and to increase protective factors at the individual, peer, family, and school levels. The three major components to the intervention, each with its own age-appropriate skill set, are Teacher Training in Classroom Instruction and Management, Child Social and Emotional Skill Development, and Parent Training.

The package of interventions is guided theoretically by the social development model. Research has shown that teachers can improve children's attitudes toward school, behavior at school, and academic achievement through effective methods of instruction and management. This program provides a way to organize risk and protective factors into causal pathways. It hypothesizes that children learn patterns of behavior, whether pro-social or antisocial, through a process that involves four constructs: perceived opportunities for involvement with others, the degree of involvement, the skills to participate in these involvements, and the rewards and costs they perceive from their performance in involvements.

In the teacher-training component of the program, teachers receive 10 days of in-service training to learn proactive classroom management skills, interactive teaching strategies, and cooperative learning techniques. In the child skill development component, students receive four hours of training in problem-solving, conflict resolution, and communication, in addition to skills in recognizing and resisting social influences to engage in problem behaviors. The parent training component teaches parents behavior management skills, academic support skills, and skills to reduce their child's risks for drug use. Parents receive 15 days of training in three workshops over two years.

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Professional Development Resources and Program Costs

Professional development and training to implement this program include several parts: 1) a curriculum in cognitive and social skill training, 2) teacher training in classroom management and interactive teaching strategies, and 3) parent training through a seven-session "Catch 'em Being Good" workshop, a five-session "Preparing for the Drug-Free Years" workshop, and a five-session "How to Help Your Child Succeed in School"

workshop. There is a six-day leader training to prepare teachers to facilitate the parent workshops. There is a six-day principal/facilitator training to facilitate the teacher training. The estimated cost of the combined SOAR intervention for six years is \$2,991 per student, or about \$80,000 per school for a two-year installation with all training, workshops, and ongoing technical assistance. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found that the program clearly outlined the goals to teach pro-social skills to students through the implementation of a multiple-component intervention. The goals also were found to be strongly correlated to the research about promoting a child's attachment to school and family. Reviewers stated that the research and theoretical foundation of the program provided particularly strong support for improving children's behavior at school. Skills for both the teachers and parents were found to be appropriate for the varying age groups of youths addressed in this program.

EVIDENCE OF EFFICACY

Reviewers found that the program presented well-designed multiple evaluation studies using random assignment of subjects and controls as well as quasi-experimental designs. Reviewers summarized that the evaluation was excellent in terms of strong design, reliable and valid measures, appropriate data analysis, and statistically significant outcomes. The program has conducted evaluations since the mid-1980s, and interventions have focused on different age groups for different lengths of time. All of the interventions were carefully evaluated. Reviewers found evidence of statistically significant effects in favor of the experimental group, as well as some mixed results.

Evaluation studies included an experimental pre-post control group design with 285 first- and second-grade students from seven schools in the experimental group and 173 first- and second-grade students from six of the same seven schools in the control group. After two years of intervention, experimental group males were rated less aggressive and externalizing-antisocial than those in the control group and females were rated less self-destructive, to a statistically significant degree. A longitudinal comparison group study with 199 fifth-grade experimental students and 709 fifth-grade control students showed that the intervention group students reported statistically significant less initiation of alcohol use and delinquency compared with the control students. Additional longitudinal comparison group studies following students who received full intervention at grades one through six up to the age of 18 demonstrated statistically significant outcomes in favor of experimental students on measures of childhood and adolescent problem behaviors such as aggression, violence, alcohol and drug use, delinquency, and school misbehavior.

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PROMISING PROGRAM

Students Managing Anger and Resolution Together Team

STUDENTS MANAGING ANGER AND RESOLUTION TOGETHER TEAM

Students Managing Anger and Resolution Together Team is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Students Managing Anger and Resolution Together (SMART) Team is a multimedia program for students in grades five to nine. It is a universal violence prevention program designed for use in schools by students using the Macintosh software independently, either alone or in pairs. The program's goals are to increase students' repertoire of nonviolent conflict resolution strategies and anger management strategies, to decrease the incidents of violent behavior, and to increase acts of pro-social behavior.

Skills taught through the program increase in difficulty level from novice to expert. The authors consulted with a panel of 10 teenage advisers throughout the development of the program. The input of this panel shaped the composite four characters that appear throughout the modules as advisers.

SMART Team's computer instruction program uses the four teenage characters to give advice and feedback to students as they interact with scenarios and questions. Interactive interviews, cartoons, game shows, and animation are used to teach anger management, dispute resolution, and perspective taking. The modules can be used in sequence or independently, because key concepts are reinforced throughout each module of the program. The software accommodates students' learning needs at various stages of mastery. The content of SMART Team is similar to commonly used conflict mediation curricula and can be integrated with other violence prevention strategies a school may implement.

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Professional Development Resources and Program Costs

Training needs are minimal. Students receive an initial introduction to the software and are capable of using the system independently. The major cost incurred for this program is the computer hardware necessary to run the program, but many schools already have compatible systems in place. A single-user site license, permitting the installation of the program on one

stand-alone computer, is available for \$195. A multiuser license, permitting installation on any number of stand-alone systems, costs \$395. A network license is also available for \$595. The special-edition SMART/Cool CD, from American Guidance Service, is available in sets of three CDs for \$300 or 10 CDs for \$595. (Current costs need to be verified with the program.)

PROGRAM QUALITY

This program was found to have clearly stated goals and a well-founded rationale. The computer format was considered by reviewers to be appropriate for delivery to the specified age group. The format of the modules, allowing individual or paired use, was also identified by reviewers as a positive attribute of the program. Additionally, reviewers noted that the characters in the materials positively represented many types of people.

EVIDENCE OF EFFICACY

SMART Team presented evidence of efficacy from two evaluation studies. The first study was an intervention-only pilot test with 81 seventh-graders using a four-week pre-post test design and a teen conflict survey instrument. The results were replicated in a second evaluation study using a 13-week pre-post test, matched intervention and control group design with 321 sixth-, seventh-, and eighth-graders who had access to the SMART Team software and a control group of 195 students in the same school who did not have access. This evaluation used a survey, with scale reliability, assessing student self-reports of use of aggressive and violence-related behaviors. Evidence from the matched control group study showed that the program diminished sixth-, seventh-, and eighth-grade students' beliefs supportive of violence and increased their awareness of how to handle anger situations to a statistically significant degree for the intervention group. Results of both the matched control group study and the intervention-only pilot test showed that the program increased middle school students' intentions to use nonviolent strategies to a statistically significant degree for the intervention group. The intervention-only pilot test also yielded statistically significant evidence of decreased student self-reports of incidents of getting into trouble; and increased student declarative knowledge about conflict management terms and principles, self-reports of altruistic behavior, and self-knowledge of how certain behaviors could contribute to the escalation of a conflict situation.

Reviewers found that SMART Team presented an excellent evaluation, specifically in reference to overall design, outcome measures, and data analysis procedures. Reviewers concluded there were overall statistically significant effects in the long-term control group study on targeted risk and protective factors, but not on violence, although there was evidence of short-term reduction in getting into trouble in the intervention-only pilot test.

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PROMISING PROGRAM

Social Decision Making and Problem Solving

SOCIAL DECISION MAKING AND PROBLEM SOLVING

Social Decision Making and Problem Solving is recommended as a promising Safe, Disciplined, and

Drug-Free Schools program.

PROGRAM DESCRIPTION

Social Decision Making and Problem Solving (SDM/PS) aims to establish a multiyear program of classroom-based training in social and emotional skills as part of an existing elementary school curriculum. The primary goal of this program is to prevent elementary school students from making unhealthy life decisions by teaching them the skills that form the foundation necessary to think clearly under stress and in emotional and socially complex situations. The program targets the following competency areas: 1) skills needed for self-control, 2) behaviors linked with peer acceptance and the ability to work cooperatively in groups, 3) problem-solving and decision-making skills, and 4) the ability to apply social and emotional capacities in response to changing social situations and demands.

The curriculum is based on empirical evidence predictive of a wide range of later-life outcomes and is used as a vehicle for integrating social and emotional learning into formal and regulated school operations.

SDM/PS instruction is organized into three domains: readiness skills for decision-making, instruction in social decision-making and social problem-solving, and application of social decision-making skills. The *Curriculum Guide* has operationalized a set of skills linked empirically with social competence and peer acceptance, and systematic skill-building procedures are used to teach course objectives. The curriculum contains a set of coordinated, sequenced, and scripted lesson materials and follow-through activities for elementary grades. Materials include a set of procedures for staff development activities, ongoing program monitoring, feedback gathering, parent and whole school involvement, and methods for evaluating effectiveness.

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Professional Development Resources and Program Costs

The *Curriculum Guide*, which includes all reference and background information, evaluation materials, and master reproducible worksheets (only one copy needed per building), costs \$75. The individual teacher curriculum is \$35. The extent of training ranges from program "awareness" to multi-day sessions and ongoing multiyear program- and school-based consultations. Fees vary between \$750 and \$1,550 per day, depending on time, number of trainers needed, and the specifics of the school's training needs. When trainers must travel to the adoption site, their expenses for transportation, meals, and lodging must be added to training costs. Teachers participating in the in-service training are assessed a \$50 materials fee, which covers a teacher's guide, training packet, and set of classroom posters for a standard introductory-level training. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the goals of the program compelling and appropriate to the population. The repetition of skills reinforced the lessons. A wide variety of real-life and academic applications were made to promote internalization of skills and the transfer and generalization of skills to situations linked with the prevention of substance abuse, violence, teenage pregnancy, tobacco use, and more. Reviewers found the developmental stages of students effectively addressed, especially in the videotape materials.

EVIDENCE OF EFFICACY

Reviewers found that the program evaluation showed positive changes in teachers' use of questioning to facilitate problem-solving thinking; children improved their social decision-making skills; and, upon follow-up, program students reported lower use of alcohol and a decrease in several areas of conduct problem behavior. The evaluation was a quasi-experimental design study, using nonexposed students as a comparison group. Reviewers agreed that the design and data analysis were appropriate and that the measures were reliable and valid for testing this program, despite attrition-related validity issues.

SDM/PS presented several evaluation studies demonstrating evidence of efficacy, including a pre-post, control group design that was replicated across three different districts with consistent results. The within-district control group study consisted of 101 experimental and 99 control fourth-grade students. The comparison-district group comprised 224 experimental and 120 comparison fourth-grade students. Students who received the intervention showed increases in their ability to give competent, pro-social solutions to problem situations; to name characteristics of friendships; and to know when they are upset and how to approach someone else who is upset. They also demonstrated statistically significant increases in problem-solving abilities of interpersonal sensitivity, problem analysis, and planning.

A delayed control design compared groups that had no, partial, and full implementation one year after the intervention, which was held in the fifth grade. Students in the full-implementation group showed statistically significant improvement based on frequency and problem intensity measures over those in the groups that received partial or no implementation. A control group design followed up at grades nine through 11 on students who had received the treatment in grades four and five. Results demonstrated statistically significant improvements, compared with no-treatment controls, in a variety of behavioral domains, including reduction in antisocial behavior (e.g., substance use, vandalism, interpersonal violence, and self-destructive behavior), improved peer relations, and higher levels of self-efficacy.

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PROMISING PROGRAM

Teenage Health Teaching Modules

TEENAGE HEALTH TEACHING MODULES

Teenage Health Teaching Modules is recommended as a promising Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

Teenage Health Teaching Modules (THM) is a comprehensive health curriculum for grades six through 12. Students learn and practice seven essential skills for adopting and maintaining healthy behaviors: communication, decision-making, goal-setting, risk assessment, self-assessment, health advocacy, and healthy self-management.

The overall goal of THM is to provide adolescents with the knowledge, attitudes, and practices necessary to improve and maintain their health and well-being. The hallmark of THM is its student-centered, interactive approach to health instruction. The program also attends to students' previous knowledge and beliefs about health. THM helps students to uncover, examine, and evaluate their own misconceptions and beliefs, and to reconcile them with accurate information, healthy behaviors, and their goals for the future. Unlike single-topic health curricula, THM provides a consistent framework for all critical adolescent health topics, including violence prevention and alcohol, tobacco, and other drug use.

THM was created in response to the pressing need for a comprehensive approach to secondary school health education. Single-topic health curricula tend to require several weeks or a full semester to implement, resulting in the neglect of other critical health content areas.

The THM curriculum is a series of 23 modules grouped at three grade levels: six to eight, nine and 10, and 11 and 12. Each module consists of a teacher's guide with detailed instructions for conducting classroom activities. Although modules are designed to complement and reinforce one another, they may be used individually.

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Professional Development Resources and Program Costs

The program strongly recommends that teachers receive THM training, which is available through certified trainers. Approximately 50 certified trainers are currently located throughout the country. Training costs for teachers range from free to \$150 per teacher per workshop. Technical assistance for THM users is available through the developer's toll-free telephone line.

A complete copy of THM for grades six to 12 costs \$999.95, but packages can be purchased separately for grades six to eight (\$409.95), grades nine and 10 (\$359.95), and grades 11 and 12 (\$284.95). Individual modules are available for \$25 to \$80. Photocopying student handouts averages \$7.20 per student per year. (Current costs need to be verified with the program.)

PROGRAM QUALITY

Reviewers found the holistic nature of the program to be an asset in achieving its clearly outlined goals. This comprehensive program was also highly rated by reviewers for its rationale and its ability to integrate diversity issues into the curriculum, a real plus for overall effectiveness. The program's emphasis on the association among cognition, affect, and behavior was found to be particularly relevant to both violence prevention and substance use prevention.

EVIDENCE OF EFFICACY

The evaluation study of the THTM program used a quasi-experimental, pre-post, randomized control group design, with 1,291 students in the THTM treatment group and 1,132 students in the control group. Reviewers agreed that the THTM study represented a massive evaluation of the program that used a methodologically sound design and appropriate data analysis techniques, including the use of multiple data analytic strategies to strengthen the study's findings.

Reviewers found sufficient evidence to conclude that the THTM program had the potential for long-term effectiveness. Positive results were observed at treatment plus four months, which was approximately one year post-baseline. Statistically significant results were demonstrated for high school students. THTM students demonstrated statistically significant increases in the percentage of seniors who did not smoke cigarettes or use smokeless tobacco for 30 days, and a statistically significant reduction in the mean number of cigarettes smoked and incidents of illegal drug use over a period of 30 days. Despite some concern about the attrition rate, reviewers noted that the overall numbers of participants in the study lent credence to the positive findings.

FOR FURTHER INFORMATION

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The Think Time Strategy

PROMISING PROGRAM



THE THINK TIME STRATEGY

The Think Time Strategy is recommended as a **promising** Safe, Disciplined, and Drug-Free Schools program.

PROGRAM DESCRIPTION

The Think Time Strategy addresses disruptive behaviors in a manner that alleviates many of the problems associated with traditional classroom management approaches used in elementary schools. Although the Think Time Strategy was designed as a universal prevention intervention for K–9 populations, adequate evidence of efficacy was presented only for seriously emotionally disturbed (SED) populations. The Think Time Strategy requires that two or more teachers work together and helps teachers catch disruptive behavior early. Teachers send a disruptive student to a Think Time classroom, where a different teacher directs the student to a Think Time desk, which is located in an area free from distractions. That teacher initiates a debriefing process after the student has had “thinking time.” The process includes a number of steps: for example, having the student fill out a form, having the teacher check the form, and returning the student to the original classroom.

The Think Time Strategy has five interrelated goals: to enable teachers and students to cut off a negative social exchange or power struggle over disruptive behaviors; to eliminate coercive interaction patterns between teachers and students; to initiate a positive social exchange between teachers and students; to include students in the process of addressing their disruptive behavior; and to decrease the variability in teachers’ responses to disruptive behavior.

This strategy was developed due to a concern that many of the classroom management systems or strategies that teachers use to deal with students who exhibit disruptive behaviors do not work well. Research has shown that attempts to stop disruptive behavior sometimes aggravate the problem and often play a key role in establishing ongoing coercive family interactions.

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Professional Development Resources and Program Costs

The Think Time Strategy offers a 35-minute, video-based training to ensure a high degree of fidelity to the program. The cost is

\$49 from Sopris West. (Current costs need to be verified with the program.)

PROGRAM QUALITY

The reviewers rated this program highly for its goals, which were identified as explicit, appropriate for the intended population, and supported by research. The skills taught were found by reviewers to be congruent with the protective factors indicated by the program. According to the reviewers, the program's rationale was both clearly stated and substantially documented in research and literature.

EVIDENCE OF EFFICACY

Reviewers found that the evaluation used a methodologically sound research design, established the reliability and validity of the measures, used statistical analysis when possible, and tried to control for many variables in the test design, such as gender and attrition. Reviewers commented primarily on one of the three studies provided by the program. They noted that the study of highly disruptive behaviors of children with severe emotional or behavioral disorders was applicable not to all student populations, but only to the seriously emotionally disturbed (SED) population. They agreed that the evaluation results demonstrated positive effects for the SED population.

The program's three research studies used several evaluation designs, including pre-post quasi-experimental, continuous intervention time series, and multiple baseline across classrooms. Reviewers determined that convincing evidence of efficacy was found only in the multiple baseline study. The multiple baseline study was conducted across three fully self-contained special education classrooms serving 25 students classified as seriously emotionally disturbed. The sample comprised three female and 22 male students ranging in academic levels from first to sixth grades. Results showed that the average number of critical events (e.g., verbal and physical aggression) decreased by 77 percent weekly across all three classrooms and that two of the three classrooms continued to show decreases in the number of critical events during follow-up. In addition, the average duration of estimated on-task time that students spent increased by 34 percent weekly across all three classrooms, and all three classrooms continued to demonstrate increases in on-task performance during follow-up.

The pre-post comparison study conducted in elementary schools serving large numbers of students at risk for school failure showed statistically significant increases in the behavioral adjustment, school survival skills, and academic performance of the experimental students. However, reviewers determined that it was difficult to attribute these effects to the Think Time Strategy, which was one of four main components in the study, when just the implementation of a schoolwide effort, regardless of strategy, may have accounted for the effects.

FOR FURTHER INFORMATION

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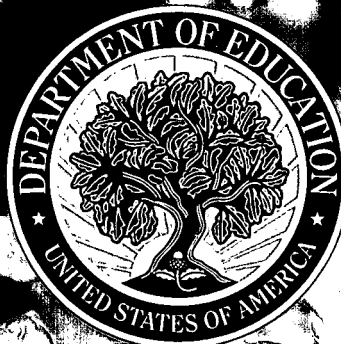
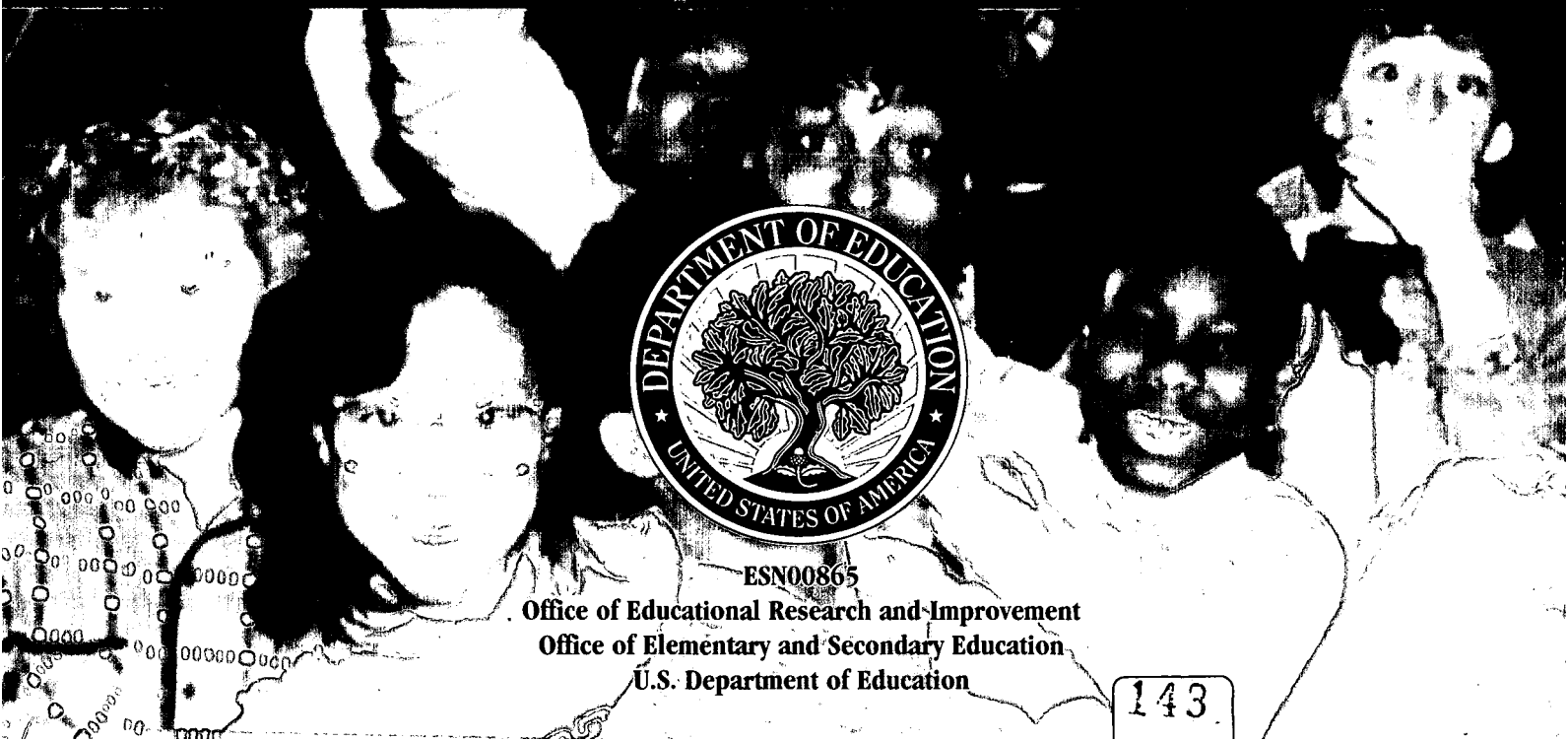
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